

**MOTION FOR
REIMBURSEMENT OF HEALTH
CARE EXPENSES**

Packet M-7

MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

Packet M – 7

GENERAL INFORMATION

The forms included in this packed are:

1. Family Court Information Sheet
2. Motion For Reimbursement Of Health Care Expenses (with exhibits)
3. Proof Of Service
4. Reply To Response To Motion
5. Request For Submission
6. Proof of Service

It is important that the instructions for filling out, filing and serving the documents be followed carefully and completely. If the forms and exhibits are not complete and attached to the Motion, and the service on the other party is not done correctly, the Court will not be able to act on your pleadings.

When filling out the forms, if they are not typed use **black ink** and **print neatly**. **Do not use whiteout on the forms**. If you make a mistake, simply run a single line through the mistake and initial above the line. **The Court Clerk will not accept forms with whiteout on them.**

You are responsible for the proper copying and filing of documents. It is best to make copies of your documents before coming to the Courthouse to file them. The Filing Clerk may make copies of your documents if the Clerk has time; *however*, the charge for making copies is **\$.50 per page**.

The penalty for making a false statement in a declaration that is made under penalty of perjury is a minimum of 1 year and a maximum of 4 years in prison, with the possibility of an additional fine of \$5000 or more if authorized or required by statute. See N.R.S. §199.145

FILLING IN, FILING AND SERVING THE FORMS

Filling In the Family Court Information Sheet

The heading on the case is the same as on your original court documents.

Print the Case No. and Dept. No. of the Order that holds the other party responsible for the medical bills. **These documents cannot be filed without the correct case number and department number.**

Print your information on the left side of the sheet.

Print the other party's information on the right side of the sheet. If you do not know the other party's information, print "Unknown" on those lines.

Print the information regarding the children involved in this case.
Do not check the last two questions. Those questions do not apply in this action.

Filling In the Motion for Reimbursement of Health Care Expenses

In the upper-left corner, print your name, address and telephone number:

The heading on the case remains the same as in your original court documents.

Carefully complete the information as instructed under each space on the following pages.

In **Section II** you must provide the amounts of the bills and payments.

Example: The total amount of all bills is \$200; health insurance paid \$100.
The **total amount due** of all bills **not** covered by insurance is \$100.
You personally paid the \$100 not covered by insurance.
The amount the other party owes **you** is **\$50**.

Complete and sign this page; Complete and sign the Declaration.

Exhibits to the Motion

IF YOU DO NOT INCLUDE ALL REQUIRED DOCUMENTS WITH YOUR MOTION, THE COURT MAY NOT CONSIDER YOUR MOTION AND MAY DISMISS IT.

The following four exhibits **ARE TO BE ATTACHED** to your motion to be considered.

Exhibit A: A copy of the order that requires the other party to pay for part or all of the children's medical expenses. The order may be a child support order, a decree, or a custody and visitation order.

Exhibit B: Copies of statements showing what the insurance company paid toward the health care bills. The copies may be your health care provider's statement or the insurance company's statement showing the amount the insurance company paid. If the statements are smaller than 8 ½ x 11, they must be taped to plain white paper (8 ½ x 11) so that all the pages in the motion are the same size.

Exhibit C: Copies of receipts for the amounts you have paid on the bills. These copies may be health caregiver's statements or individual receipts. If they are individual receipts, they must clearly state to whom you made the payments. If the receipts are smaller than 8 ½ x 11, they must be taped to plain white paper (8 ½ x 11) so that all the pages in the motion are the same size.

Exhibit D: An accounting (or summary) of the information from Exhibits B and C. Fill in the

information in the correct boxes.

NOTE: The Court cannot consider any amounts for which you do not have receipts. Bills, statements and receipts are all required to prove your claim.

Copying and Filing the Documents

- 1. Family Court Information Sheet:** No copies needed unless you wish to have one for your files. (This form is placed in the file for data purposes only and does not have to be served on the other party.)
- 2. Motion for Reimbursement of Health Care Expenses and the Accounting and all Exhibits attached to the motion:** It is best to make 2 copies of this document. (1 for your files and 1 to serve on the other party.)

After copying the documents, they must be put together in "sets." One set will be the original forms and exhibits. The two copies are to be put together in the same order as original "set." The original and the copies are then filed with the Filing Clerk's Office located on the first floor of the courthouse at 801 Clark St, Ely NV. When you file the documents, the Filing Clerk will keep the original "set" of the documents, file-stamp the copies, and return the copies to you.

Serving the Other Party

The other party must be served with a copy of the **Motion for Reimbursement of Health Care Expenses**, with all the exhibits securely attached.

Service may be made by either first class or certified mail to the other party's last known address, or by personal service. If an attorney represents the other party, the documents are served on the attorney.

After the other party has been served, a proof of service must be filled out and filed with the Court.

Filling In the Proof of Service

In the upper-left corner, print your name, address and telephone number.

The heading is the same as on your other court documents.

The rest of the Proof of Service must be filled out by the person performing the service.

Make 1 copy of the completed and signed Proof of Service.

File the original and copy of the Proof of Service with the Filing Clerk's Office. The Filing Clerk will keep the original and return the file-stamped copy for your records. (If the Sheriff's Office or a process server served the documents, that office may file the Proof of Service. If not, you are responsible for copying and filing the Proof of Service document.)

If you mailed the documents to the other party, the other party has 13 court days from the postmarked date to file a response to your motion. If the other party is personally served, they have 10 court days from the date of service to file a Response to Motion. If the parties can come to an agreement, they may sign a voluntary stipulation agreeing to the reimbursement with a plan for repayment.

**IF THE OTHER PARTY AGREES TO SIGN A VOLUNTARY
STIPULATION**

If both parties agree on an amount owed and a payment plan, both parties can complete a Judgment and Order Upon Stipulation.

After the form is completed and signed, it must be filed with the Filing Clerk's Office. It is best to make two copies prior to filing the document so that signed copies will be available for the parties.

The Court Master or Judge will then review the form.

If the Order and Judgment is signed, it will be filed. The parties may receive their copy in the mail, or it will be available for pick-up at the Filing Clerk's office.

IF THE OTHER PARTY FILES A RESPONSE

If you are personally served with a response to your motion, you have **5 days from the date you were served with the response** (not counting weekends and non-judicial days) to file a reply to other party's response.

If the other party mails a response to you, you have **8 days** (not counting weekends and non-judicial days) **from the postmark date** to file a Reply to Response.

Your Reply to Response is limited to what the other party refers to in the filed Response. You can agree or disagree with what the other party states in the Response, but no new issues are to be added to your Reply to Response. New issues should be set out in a new motion.

Filling In the Reply to Response to Motion

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the directions on the form and fill in the information as required.

Request for Submission

THE REQUEST FOR SUBMISSION MUST BE FILED WITH YOUR REPLY OR YOUR MOTION WILL NOT BE REVIEWED BY THE JUDGE.

The Request for Submission directs the Filing Clerk to send your file from the Clerk's Office to the Judge or Court Master for consideration and a ruling on your Motion. The Judge, Court Master, or the Judge's Law Clerk has not yet seen your Motion or any other documents supporting the Motion.

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Complete the remainder of the page as directed.

Copying and Filing the Reply to Response and Request for Submission

After the documents are filled in and signed, it is best to make 2 copies of the Reply to Response and 2 copies of the Request for Submission.

Take the original and two copies of both documents to the Filing Clerk's Office. The Filing Clerk will keep the originals and return the file-stamped copies to you.

One copy is for your records. The other copy must be served on the other party or the other party's attorney, either by personal service or mail.

The Second Proof of Service

The second Proof of Service must be filled in and filed with the Filing Clerk after copies of the Reply to Response and Request for Submission are served either by mail or personally.

Filling in and Filing the Second Proof of Service

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

The person who actually mailed or personally served the documents on the other party or the other party's attorney must complete and sign the Proof of Service.

Copying and Filing the Second Proof of Service

Make one copy of the Proof of Service after it is filled out and signed. The original and copy must be filed with the Filing Clerk located on the first floor of the courthouse at 801 Clark St., Ely, NV. The Clerk will keep the original and return the file-stamped copy to you for your records.

IF THE OTHER PARTY DOES NOT RESPOND TO YOUR MOTION

If the other party does not file a response to the motion, and does not enter into a voluntary Stipulation for Judgment after being served, you may proceed the to Request For Submission of your motion and Proof of Service. Please see the instructions above for the completion and filing of the Request for Submission and second Proof of Service.

You have now completed your Motion and it will be submitted to the Court for a decision. The Court may (1) file an order based upon the documents you have submitted, (2) require the filing of additional documents, (3) file an order requiring a hearing, or (4) set a hearing on your Motion. If you receive an order and do not know what to do next, contact a private attorney
DO NOT IGNORE A COURT ORDER.

It is your responsibility to track your Motion. If you do not hear from the Court within 3 weeks after you file the final Proof of Service and Request for Submission, you may call the Filing Clerk's Office at (775) 293-6509

IMPORTANT

BEFORE
YOU START

READ ALL INSTRUCTIONS

VERY CAREFULLY

Do NOT use white-out

correction fluid on the documents.

The Filing Office will not accept documents
with white-out on them.

Use Black Ink

PRINT all information neatly

1 IN THE FAMILY DIVISION
2 OF THE 7th JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
3 IN AND FOR THE COUNTY OF WHITE PINE

4 **CONFIDENTIAL**
5 **FAMILY COURT INFORMATION SHEET**

6 _____
7 Plaintiff/Petitioner,

8 vs.

9 Case No. _____

10 Dept. No. _____

11 _____
12 Defendant/Respondent.

13 Name: _____
14 Social Security #: _____
15 Date of Birth: _____

16 Name: _____
17 Social Security #: _____
18 Date of Birth: _____

19 **IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

20 Residential Address: _____
21 _____

22 Residential Address: _____
23 _____

24 Mailing Address: _____
25 _____
26 City, State, Zip: _____

27 Mailing Address: _____
28 _____
29 City, State, Zip: _____

30 Telephone #: _____
31 Are you employed? YES [] NO []
32 Name of Employer: _____

33 Telephone #: _____
34 Are you employed? YES [] NO []
35 Name of Employer: _____

36 Business Address: _____
37 _____
38 City, State, Zip: _____

39 Business Address: _____
40 _____
41 City, State, Zip: _____

42 Telephone #: _____
43 Driver's License #: _____
44 Date of Birth: _____

45 Telephone #: _____
46 Driver's License #: _____
47 Date of Birth: _____

48 Ethnicity: [] White (Not Hispanic)
49 [] African-American [] Hispanic
50 [] Asian or Pacific Islander
51 [] Native American/Alaskan Native [] Other

52 Ethnicity: [] White (Not Hispanic)
53 [] African-American [] Hispanic
54 [] Asian or Pacific Islander
55 [] Native American/Alaskan Native [] Other

56 **CHILDREN INVOLVED IN THIS CASE**

57 Name: _____ SSN: _____ DOB: _____
58 Name: _____ SSN: _____ DOB: _____
59 Name: _____ SSN: _____ DOB: _____
60 Name: _____ SSN: _____ DOB: _____
61 Name: _____ SSN: _____ DOB: _____

62 If there are more than five children, list their names on a separate sheet of paper and attach.

63 Does this case involve family violence: [] Yes [] No

64 Are you requesting Child Support Enforcement Services
65 from the District Attorney's Office (IV-D) Services? [] Yes [] No

66 Court Personnel Only: [] Custodial Parent [] Non-Custodial Parent

1 SEVENTH JUDICIAL DISTRICT COURT
2 COUNTY OF WHITE PINE , STATE OF NEVADA

3 AFFIRMATION
4 Pursuant to NRS 239B.030

5 The undersigned does hereby affirm that the preceding document, _____

6 **Confidential Family Court Information Sheet**
7 (Title of Document)

8 filed in case number: _____

9 Document does not contain the social security number of any person

10 - OR -

11 Document contains the social security number of a person as required by:

12 A specific state or federal law, to wit:

13 _____
14 (State specific state or federal law)

15 - or -

16 For the administration of a public program

17 - or -

18 For an application for a federal or state grant

19 - or -

20 Confidential Family Court Information Sheet
21 (NRS 123.130, NRS 125,230, and NRS 125B.055)

22 Date: _____

23 _____
(Signature)

24 _____
(Print Name)

25 _____
(Attorney for)

26

1 Code: **2490**
2 Name: _____
3 Address: _____
4 Telephone No. _____
5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WHITE PINE
9

10 _____ Petitioner, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Respondent.
13 _____ /

14 **MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES**

15 **I.**

16 I, _____, appearing in proper person, request that the
17 (Your Name)

18 Court enter an Order granting me reimbursement in the amount of \$ _____
19 for health care expenses for the following child(ren): (Total Amount Owed)

20 <u>CHILD'S NAME</u>	20 <u>DATE OF BIRTH</u>
21 _____	21 _____
22 _____	22 _____
23 _____	23 _____
24 _____	24 _____
25 _____	25 _____

26 **II.**

27 _____ owes me health care expenses based upon
28 (Other Party's Name) the Court Order.

1 The Order stating that _____ is responsible for
(Other Party's Name)

2
3 health care expenses for the minor child(ren) was entered on _____
(Date of Order)

4
5 under case number _____. The total amount of health care bills
(Case Number)

6
7 not covered by insurance is \$ _____. I have paid \$ _____
(Total Amount Due) (Amount You Have Paid)

8
9 toward that amount. There is still \$ _____ to be paid on the outstanding bills.
(Amount Still Owed)

10
11 The amount owed to me as reimbursement is \$ _____. A copy of the
(Amount Other Party Owes)
12 Court Order is attached as Exhibit A.

13 **III.**

14 Copies of the payments the insurance company has made are attached as Exhibit B. Copies
15 of the receipts for the amounts that I have paid are attached as Exhibit C.

16 **IV.**

17 I have prepared an accounting of the health care expenses and payments, which is attached
18 as Exhibit D. This is an accurate representation of the amount that _____
(Other Party's Name)
19 _____ owes me for the health care expenses.

20 This document does **not** contain the Social Security number of any person.

21 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is
22 true and correct.

23
24 DATED this _____ day of _____, 20____.

25
26
27 _____
(Your Signature)
28

IMPORTANT

**YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE
AN ORDER, CLARIFY AN ORDER, FOR RECONSIDERATION
OF AN ORDER, OR FOR OTHER REASONS.**

**IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION
WITHIN A CERTAIN TIME, THE COURT MAY MAKE RULINGS
AGAINST YOUR INTERESTS IN THIS CASE.**

* * * *

If you were served by mail, you have 13 days from the postmarked date on the envelope in which to file a written response with the court.

If you were served in person, you have 10 days in which to file a written response with the Court, not counting the day on which you were served.

Your written response must be filed with the Filing Clerk's Office located at 801 Clark St, Ste 4, Ely, Nevada. There may be a filing fee to file your response. You can call the File Clerk's Office at (775) 293-6509 to check on the fee.

If you have any questions on how to file a response to this Motion, contact a private attorney

EXHIBIT 1

**COPY OF COURT ORDER
EXHIBIT 1**

EXHIBIT 1

EXHIBIT 2

**COPIES OF INSURANCE COMPANY RECEIPTS
EXHIBIT 2**

EXHIBIT 2

EXHIBIT 3

**COPIES OF RECEIPTS
FOR
AMOUNTS I HAVE PAID**

EXHIBIT 3

EXHIBIT 3

EXHIBIT 4

**ACCOUNTING
OF
HEALTH CARE COSTS
AND
PAYMENTS**

EXHIBIT 4

EXHIBIT 4

ACCOUNTING OF HEALTH CARE COSTS AND PAYMENTS

Name and Address of Health Care Provider	Amount of Original Bill	Balance Due After Insurance Payments or Insurance Limits	Amount You Have Paid, Including Co-Payments	Amount the Other Party Has Already Paid Toward the Bill	Amount Owed to You as Reimbursement
TOTALS:	\$	\$	\$	\$	\$

1 Code: 3720
2 Name: _____
3 Address: _____
4 Telephone: _____
5
6

Appearing in Proper Person

7 IN THE FAMILY DIVISION
8 THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WHITE PINE

10 _____, Case No. _____
11 Plaintiff/Petitioner, vs. Dept. No. _____
12 _____, Defendant/Respondent.
13 _____ /

14 **PROOF OF SERVICE**

15 On the _____ day of _____, 20 _____, I served a true and correct
16 copy of the following document(s): _____
17 (Write the title(s) of each document served.)

18 _____
19 upon _____
20 (Write the name of the person served.)

21 in the manner(s) and at the location(s) described below:

22 **WRITE YOUR INITIALS ON THE APPROPRIATE LINE(S):**

23 a. _____ I placed a copy of the document(s) listed above in a sealed envelope upon
24 which first class postage was fully prepaid and mailed said document(s) via the United States
25 Post Office addressed as follows:

26 Name: _____
27 Address: _____
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b. _____ I placed a copy of the document(s) listed above in a sealed envelope and mailed said document(s) certified, return receipt requested via the United States Post Office

addressed as follows: Name: _____

Address: _____

c. _____ I personally served _____ at the following location: _____

A copy of this Proof of Service has been mailed or personally delivered to all parties or their counsel.

This document does **not** contain the Social Security Number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

Dated this _____ day of _____, 20 _____.

Signature: _____

Printed Name: _____

S T O P

H E R E

The following forms are for filing at a later time.

Do not fill out and attempt to file with the Motion.

1 Code: 3790
2 Name: _____
3 Address: _____
4 Telephone No. _____

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WHITE PINE
9

10 _____ Plaintiff, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Defendant.
13 _____ /

14 REPLY TO RESPONSE TO MOTION

15 I, _____, reply to the Response to Motion filed by
16 (Your name)
17 _____ on _____ for the
18 (Name of other party) (Date reply was filed)

19 following reasons:

20 ***State very specifically your reply to the other party's response or opposition.***

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(If more space is needed to explain your reply, attach more sheets but be sure to write only on one side of the sheets.)

I _____ request a hearing on this matter.
(Do or do not)

If a hearing is requested, please state why you feel a hearing is necessary: _____

This document does **not** contain the Social Security number of any person.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this _____ day of _____, 20_____.

(Signature)

1 Code: 3860
Name: _____
2 Address: _____
3 Telephone: _____
4 Appearing in Proper Person

5
6 IN THE FAMILY DIVISION
7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WHITE PINE
9

10 _____ Plaintiff/Petitioner, Case No. _____
11 vs. _____
12 _____ Defendant/Respondent. Dept. No. _____
13 _____

14
15 **REQUEST FOR SUBMISSION**

16 I, _____, appearing in Proper Person,
17 (Print your name here.)
18 request that the _____ filed in this matter
19 (Print the name of the document to be submitted to the Court.)
20 on the _____ day of _____, 20_____, be submitted to the Judge for
21 consideration and determination.

22 DATED this _____ day of _____, 20_____.

23 This document does **not** contain the Social Security Number of any person.

24 Signature: _____
25 Print Your Name: _____
26 Address: _____
27 _____
28 Telephone: _____

1 Code: 3720
2 Name: _____
3 Address: _____
4 Telephone: _____
5 **Appearing in Proper Person**

6 **IN THE FAMILY DIVISION**
7 **THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
8 **IN AND FOR THE COUNTY OF WHITE PINE**

9 _____, Case No. _____
10 **Plaintiff/Petitioner,**
11 vs. Dept. No. _____
12 _____,
13 **Defendant/Respondent.**

14 **PROOF OF SERVICE**

15 On the _____ day of _____, 20____, I served a true and correct
16 copy of the following document(s): _____
17 (Write the title(s) of each document served.)

18 _____
19 upon _____
20 (Write the name of the person served.)

21 in the manner(s) and at the location(s) described below:

22 **WRITE YOUR INITIALS ON THE APPROPRIATE LINE(S):**

23 a. _____ I placed a copy of the document(s) listed above in a sealed envelope upon
24 which first class postage was fully prepaid and mailed said document(s) via the United States

25 Post Office addressed as follows:

26 Name: _____
27 Address: _____
28 _____

1 b. _____ I placed a copy of the document(s) listed above in a sealed envelope and
2 mailed said document(s) certified, return receipt requested via the United States Post Office

3 addressed as follows: Name: _____
4

5 Address: _____
6 _____

7 c. _____ I personally served _____ at the following
8 location: _____
9 _____

10
11 A copy of this Proof of Service has been mailed or personally delivered to all parties or
12 their counsel.

13 This document does **not** contain the Social Security Number of any person.

14 I declare, under penalty of perjury under the law of the State of Nevada, that the
15 foregoing is true and correct.

16 Dated this _____ day of _____, 20 ____.

17
18 Signature: _____

19 Printed Name: _____
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