

MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

M-7

Resource Center
1 South Sierra St., Third Floor
Reno, NV 89501
775-325-6731

www.washoecourts.com

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**MOTION FOR REIMBURSEMENT OF
HEALTH CARE EXPENSES**

PACKET M-7

Use this packet only if all of the following statements are true:

- You have a case with an existing order regarding child custody or visitation in the Second Judicial District Court.
- You have a court order that describes how medical, dental, or vision expenses are to be shared between you and the other parent.
- You have sent the other parent a copy of the bill and proof of your payment but have not been paid the reimbursement to which you are entitled.

INSTRUCTIONS FOR COMPLETING FORMS

Carefully read all instructions before starting to fill out any of the forms.
Use **black or blue ink only**. Neatly print the information requested.
Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Motion for Reimbursement of Health Care Expenses
2. Proof of Service
3. Reply to Opposition to Motion for Reimbursement of Health Care Expenses *Only to be used if the other parent responds to your motion.
4. Request for Submission
5. Proof of Service

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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INSTRUCTIONS: STEP 1

Complete the Motion for Reimbursement of Health Care Expenses as Shown:

Using the Index of Exhibits and Exhibit Cover Page, attach copies of statements showing what the insurance company paid toward the health care bills and copies of receipts for the amounts you have paid. When you upload your documents to eFlex you will upload the Motion and the Index of Exhibits as one PDF.

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Complete pages 1 – 4, following the instructions on each page.

1	Code: 2490
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	_____
12	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent / Joint Petitioner.
16	_____
17	
18	<u>MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES</u>
19	1.
20	I request that the Court enter an Order granting me reimbursement in the amount of
21	\$ _____ for health care expenses for the following child(ren):
22	(Total amount owed)
23	Child's Name: _____ Date of Birth: ____/____/____
24	Child's Name: _____ Date of Birth: ____/____/____
25	Child's Name: _____ Date of Birth: ____/____/____
26	2.
27	The Order entered on _____ states that the other parent owes me
28	health care expenses. (Date of Order)
	REV 8/14/19 JDB 1 M7 MOTION

1 Code: 2490

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 _____ /

16
17
18 MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

19 **1.**

20 I request that the Court enter an Order granting me reimbursement in the amount of

21 \$ _____ for health care expenses for the following child(ren):

22 (Total amount owed)

23 Child's Name: _____ Date of Birth: ____/____/____

24 Child's Name: _____ Date of Birth: ____/____/____

25 Child's Name: _____ Date of Birth: ____/____/____

26 **2.**

27 The Order entered on _____ states that the other parent owes me
28 health care expenses. (Date of Order)

1 **3.**
 2 The total amount of health care bills not covered by insurance is . . . \$ _____
 3 The amount I have paid toward the uncovered amount is \$ _____
 4 The total amount still owed on the outstanding bills is \$ _____
 5 The amount the other party owes to me as reimbursement \$ _____

6 **4.**
 7 The bill(s) and proof(s) of payment were sent to the other parent on _____
 8 (Date sent)

9 **5.**
 9 Copies of the payments made by the insurance company are attached as Exhibit 1.
 10 Copies of the payments for the amounts that I have paid are attached as Exhibit 2.

11 **6.**
 12 An account of the health care expenses and payments, which is an accurate representation of the
 13 amount that the other parent owes me for health expenses, is as follows:

Name and address of health care expenses	Amount of original bill	Balance due after insurance payments or insurance limits	Amount you have paid, including copayments	Amount the other party has already paid toward the bill	Amount owed to you as reimbursement

1 This document does not contain the personal information of any person as defined by
2 NRS 603A.040.

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

5
6 Date: _____ Signature: _____

7
8 Print Your Name: _____

9
10
11
12 **When to File:** If you do not file an opposition/response to this motion with the Court within
13 fourteen (14) days, beginning the day after service upon you, the person who filed this request may
14 submit it to the Court for decision. **Please note: parties who are served by U.S. Mail have three**
15 **(3) additional days, a total of seventeen (17) days, to file an opposition/response.**

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Cover Page

EXHIBIT NUMBER 1

Exhibit Cover Page

EXHIBIT NUMBER 2

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 2

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, in the Law Library and the Resource Center

If you have not done so, you will need to sign up for an eFlex account and turn in the EFile User Agreement, to the Second Judicial District Court or email to eflexsupport@washoecourts.us.

Sign into your eFlex account using the username and password you created and electronically file the:

- Motion for Reimbursement of Health Care Expenses and Index of Exhibits;
- Exhibit Cover Page 1 and copies of statements showing what the insurance company paid toward the health care bills (as an exhibit **continuation to the Motion); and
- Exhibit Cover Page 2 and copies of receipts for the amounts you have paid on the bills (as an exhibit **continuation to the Motion).

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Law Library and the Resource Center.

There may be a filing fee charged when documents are filed. Fee information is available at the Resource Center and online at: www.washoecourts.com.

FILING FEE WAIVERS

If you cannot afford the fee, you may apply to have it waived. To apply, you must fill out and file the **Application for Waiver of Fees and Costs packet**, which you can get at:

- Resource Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library, 75 Court Street, Reno, NV, First Floor
- Online at: www.washoecourts.com (select the “Forms and Packets” tab on the right hand side of the home screen)

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INSTRUCTIONS: STEP 3

Complete the Proof of Service as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Print who was served, the date, and select how they were served.

4) Date, sign, and print your name.

1	Code: 3720
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
11	vs. Dept. No. _____
12	Defendant / Respondent / Joint Petitioner.
13	<u>PROOF OF SERVICE</u>
14	I served a true and correct copy of the Motion for Reimbursement of Health Care Expenses
15	upon the following people:
16	1. Name: _____ Date: _____
17	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
18	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
19	<input type="checkbox"/> Other: _____
20	Address where service occurred, if applicable: _____
21	If more room is needed, attach additional sheets.
22	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
23	to all parties or their lawyer.
24	This document does not contain the personal information of any person as defined by
25	NRS 603A.040.
26	Date: _____ Your Signature: _____
27	Print Your Name: _____
28	
	REV 10/2018 JCB 1 M7 PROOF OF SERVICE

1 Code: 3720

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION

8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 PROOF OF SERVICE

16 I served a true and correct copy of the Motion for Reimbursement of Health Care Expenses
17 upon the following people:

18 1. Name: _____ Date: _____

19 By: Service by eFlex

Personal Service

Certified mail, return receipt attached

U.S. Mail, postage prepaid

Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

25 This document does not contain the personal information of any person as defined by
26 NRS 603A.040.

27 Date: _____

Your Signature: _____

28 Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 4

Filing the Proof of Service

After service is completed, you must file the Proof of Service with the court. See INSTRUCTIONS: STEP 2. There will not be a filing fee for the Proof of Service.

Without Proof of Service on the other parent, the court cannot consider your motion.

INSTRUCTIONS: STEP 5

Time to Respond

If you served the other parent through eFlex or personal service, the other parent has fourteen (14) days, beginning the day after service, to file an opposition/response to the motion.

If you served the other parent by U.S. Mail, the other parent has seventeen (17) days, beginning the day after mailing, to file an opposition/response to the motion.

If the other parent does not oppose/respond within that time, you will file the Request for Submission to send your motion to the judge for review. Please skip INSTRUCTIONS: STEP 6 and continue to INSTRUCTIONS: STEP 7.

If the other parent does file an opposition/response, you have seven (7) days, beginning the day after service upon you, to file a Reply to the opposition/response. If the other parent serves you by U.S. Mail, you have ten (10) days, starting the day after mailing, to file a Reply to the opposition/response. Please continue to INSTRUCTIONS: STEP 6.

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INSTRUCTIONS: STEP 6

Only use this form if the other parent has responded to your motion.

Complete the Reply to Opposition to Motion as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Complete pages 1 -2, following the instructions on each page.

4) Date, sign, and print your name on page 2.

1	Code: 3790
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	_____
12	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent / Joint Petitioner
16	_____
17	
18	REPLY TO OPPOSITION TO MOTION
19	FOR REIMBURSEMENT OF HEALTH CARE EXPENSES
20	1. I reply to the Opposition to my Motion for Reimbursement of Health Care Expenses as follows:
21	
22	State, in detail, your reply to the other parent's statements.
23	
24	
25	
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27	
28	
	REV 2/2019 JCB 1 M7 REPLY

1 Code: 3790

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15
16
17
18 REPLY TO OPPOSITION TO MOTION
19 FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

20 1. I reply to the Opposition to my Motion for Reimbursement of Health Care Expenses as follows:

21
22 State, in detail, your reply to the other parent's statements.
23

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If more room is needed, attach additional sheets.

2. I do not request a hearing on this matter.

-OR-

I request a hearing on this matter because: _____

If more room is needed, attach additional sheets.

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

Date: _____ Signature: _____

Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 7

Complete the Request for Submission as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Print the date you filed your motion.

4) Date, sign, and print your name.

1	Code: 3860
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	_____
12	Plaintiff / Petitioner / Joint Petitioner,
13	vs.
14	_____
15	Defendant / Respondent / Joint Petitioner.
16	
17	<u>REQUEST FOR SUBMISSION</u>
18	
19	I request that the Motion for Reimbursement of Health Care Expenses that was filed on <i>(date</i>
20	<i>the document was filed with the Court)</i> _____ be submitted to the
21	Court for decision.
22	This document does not contain the personal information of any person as defined by
23	NRS 603A.040.
24	
25	Date: _____ Your Signature: _____
26	Print Your Name: _____
27	
28	
	REV 8/14/19 JDB
	1
	REQUEST FOR SUBMISSION

1 Code: 3860
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Email: _____
6 Self-Represented Litigant

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IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

_____,
Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

vs.

Dept. No. _____

_____,
Defendant / Respondent / Joint Petitioner.

REQUEST FOR SUBMISSION

I request that the Motion for Reimbursement of Health Care Expenses that was filed on (*date the document was filed with the Court*) _____ be submitted to the Court for decision.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Date: _____

Your Signature: _____

Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 8

Filing the Reply and/or the Request for Submission

You must file the Reply to Opposition to Motion and/or the Request for Submission with the Court. See INSTRUCTIONS: STEP 2. There will not be a filing fee for these documents.

Completing and Filing the Proof of Service

Complete the second Proof of Service. After service is complete, you must file the Proof of Service with the court. See INSTRUCTIONS: STEP 2 & 3.

Without Proof of Service on the other parent, the court cannot consider your motion.

Legal Assistance

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or contact the Resource Center. **The Resource Center cannot give legal advice** but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

LAWYER IN THE LIBRARY

For information contact the Law Library at 775-328-3250.

<https://www.washoecourts.com/LawLibrary>

NEVADA LEGAL SERVICES

204 Marsh Avenue Reno, NV 89509
(775) 284-3491 – leave a message if
necessary

<https://nlslaw.net>

WASHOE LEGAL SERVICES

299 S. Arlington Avenue Reno, NV 89501
(775) 329-2727 – leave a message if
necessary

www.washoelegalservices.org

1 Code: 3720

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

5 IN THE FAMILY DIVISION
6 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF WASHOE

8 _____,
9 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

10 vs.

Dept. No. _____

11 _____,
12 Defendant / Respondent / Joint Petitioner.

13 PROOF OF SERVICE

14 I served a true and correct copy of the _____
15 (Title of Documents)
16 upon the following people:

17 1. Name: _____ Date: _____

18 By: Service by eFlex

Personal Service

19 Certified mail, return receipt attached

U.S. Mail, postage prepaid

20 Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

25 This document does not contain the personal information of any person as defined by
26 NRS 603A.040.

27 Date: _____

Your Signature: _____

28 Print Your Name: _____