

RESPONSE PACKET

FOR RESPONDING TO A MOTION FOR PAYMENT OF CHILDREN'S HEALTH CARE EXPENSES

This packet has the forms you need to help you respond to a motion asking the court to order you to pay part of a child's health care expenses.

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-357</u>	Instructions are available online at: <u>https://public.courts.alaska.gov/web/forms/docs/dr-357.pdf</u> Printed copies are available for customers with limited or no internet access.
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-358</u>	Response
<u>DR-353</u>	Statement of Health Care Expenses
<u>DR-355</u>	Proposed Order for Reimbursement
OTHER INFORMATION	
<u>Attorneys who provide limited services</u>	If you need help with your case, you should talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Assn. can give you names of lawyers who handle family law cases and can provide limited legal services. For a list of attorneys who provide limited services ("unbundled legal services") go to <u>https://alaskabar.org/for-the-public/unbundled-legal-services</u> Or call (907) 272-0352 or (800) 770-9999 for more information.
<u>Family Law Self-Help Center</u>	For help filling out these forms, visit the Family Law Self-Help Center's website at: <u>www.courts.alaska.gov/shc/family/selfhelp.htm</u> . Or call (907) 264-0851 in Anchorage and outside Alaska, or (866) 279-0851 (toll free in Alaska but outside of Anchorage). A facilitator can explain court procedure and give you forms for each part of the case, but cannot give legal advice.
Flowchart	<u>Flowchart for Calculating Cost of Children's Health Insurance</u>

**November 2015
Alaska Court System**

The statutes, court rules and forms in this packet are available on the court's website: www.courts.alaska.gov/forms.

Person Filing Response:

Full Name: _____ Daytime Telephone No. _____

Mailing Address: _____

NOTE: If for any reason you do not want the other parent to know your physical address, you **must** still provide a mailing address so the court and the other parent can mail documents to you.

TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY

List court location, names of parties and case number exactly as shown on the motion.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____

CASE NO. _____

RESPONSE TO MOTION
FOR PAYMENT OF CHILDREN'S
HEALTH CARE EXPENSES

1. RESPONSE

I **agree** with the motion.

I do **not** agree with the motion. I **do not agree** with the following items listed on the **Statement of Expenses** attached to the motion. I agree with the other items that I have not listed below.

<u>Date of Service</u>	<u>Provider's Name</u>	<u>Reason I Disagree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am attaching the following documents that support the reasons I disagree: (*Write the date of service on each document and attach them in the order you discuss them above.*)

(Attach extra pages if necessary.)

Other reasons I do not agree with the motion:

Supporting documents attached:

2. **ADDITIONAL HEALTH CARE EXPENSE CLAIMS**

a. **Payments I Made.** I am attaching a new **Statement of Health Care Expenses** that lists additional health care expenses I paid and for which I have not been reimbursed by insurance or by the person who filed the motion.

b. **Request for Reimbursement Sent to Other Parent.**

I have **not** written to the other parent to ask that parent to pay his or her share.

I wrote to the other parent on the following date(s) to request payment for that parent's share of the costs: _____

I included with my request

- a copy of each health care provider's bill,
 proof of the amount I paid, and
 any information I had about the amount paid by insurance companies.

I am attaching a copy of each request I sent and all attachments.

It has been more than 30 days since I wrote to the other parent, and the other parent has **not** paid me.

c. **Request for Court Order.** Because the amounts shown on the attached **Statement(s)** are past due, I ask the court to order _____ to pay the total amount due to me. I have attached a proposed order.

d. **Additional Requests or Information Related to Health Care Expenses:**

3. **REQUIRED ATTACHMENTS.** *Each of the items listed below MUST be attached to this response. Check each box to show that you have completed and attached the item.*

- Documents listed in section 1 that support the reasons you disagree with the motion
- Copy of your most recent child support order
 - Not attached because I agree that the copy attached to the motion is correct.
- Proposed order for the court to sign (form DR-355)

Also, if you are requesting reimbursement in section 2 above for additional health care services you paid for, you must attach the following:

- Statement of Health Care Expenses** (form DR-353) with the following:
 - Copy of each health care provider's bill
 - Copy of each Explanation of Benefits (EOB) from an insurance company
 - EOBs not attached because _____
- Proof of any amount you paid the health care provider
- Copy of each request for payment you sent the other parent

OATH OR AFFIRMATION

NOTE: You must sign this in front of a notary. A court clerk can provide this notary service for you (at no charge). Bring a photo ID with you for the notarization.

I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

_____ Date

_____ Signature of Person Filing Response

_____ Printed Name

Subscribed and sworn to or affirmed before me in _____, Alaska
on _____ Date.

_____ Clerk of Court, Notary Public or other
person authorized to administer oaths.

(SEAL)

My commission expires: _____

CERTIFICATE OF SERVICE
[MUST BE COMPLETED]

[If the other parent is currently represented by an attorney (that is, if the motion was signed by an attorney), you must serve your response on the attorney rather than on the other parent.]

I certify that I served a copy of my completed Response and all the documents checked in section 3 on the person named below by first class mail.
 hand-delivery.

Name of Other Parent or Attorney: _____

Address: _____

Date mailed or delivered: _____

Signature of Person Filing Response

STATEMENT OF HEALTH CARE EXPENSES

Name of Parent Filling Out Statement _____

Parent A Parent B

In the chart below, list each health care expense, beginning with the oldest one. If you do not know the answer to a question, write **“unknown” in that box**.

- Attach: (1) a **copy of each health care provider’s bill**,
 (2) proof of any amount you paid the provider,
 (3) a **copy of each “Explanation of Benefits” (EOB) from an insurance company**, and
 (4) a copy of each request for payment you sent the other parent.

At the bottom of each attached document, write and circle the number on the chart that corresponds to that item. Attach the documents in order by that number.

a	b	c	d	e	f	g	h	FOR COURT USE ONLY		
								Court Findings		
Date of health care service	Name of health care provider	Name of Patient	Amount charged by provider (attach copy of bill)	Amount you paid provider (attach proof of payment)	Amount paid by insurance companies (attach EOBs)	Amount not paid by any insurance company and still owed on bill	Amount other parent owes you	i Amount owed	j Owed to	
1										
2										
3										
4										
5										
6										
7										
							Total			

Person Submitting Proposed Order

Name: _____ Daytime Telephone No. _____

Mailing Address: _____

Attorney for _____ Pro Se (not represented by an attorney)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

CASE NO. _____

ORDER FOR REIMBURSEMENT OF
HEALTH CARE EXPENSES

The court has reviewed the motion filed on _____, any response, and the evidence presented by the parties.

IT IS ORDERED that:

1. _____ must pay to _____,
\$ _____ for the children's health care expenses by _____.
2. If payment is not made by the above date, the parent to whom payment is owed may
 - a. ask the Child Support Services Division (CSSD) to enforce this order, or
 - b. file a motion asking the court to enter a judgment for the above amount and begin execution procedures to collect the judgment.
3. _____ must obtain and sign a release form authorizing the insurance company to give copies of Explanation of Benefit statements (EOBs) concerning the children to _____.
4. Other: _____

Recommended for approval on:

Approved on:

Date and Time

Date

By Superior Court Master

By Superior Court Judge

Type or Print Master's Name

Type or Print Judge's Name

I certify that on _____
a copy of this order was sent to (list names):

Clerk: _____