

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 _____

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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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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