

State of Minnesota

District Court

County

Judicial District:
Court File Number:
Case Type:

In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

Notice of Motion, Motion and Affidavit to Collect Unreimbursed or Uninsured Health Care Expenses
Minn. Stat. § 518A.41, subd. 18

Notice

TO: Other Party:

First Middle Last
Street Address Apt. No.
City State Zip

County Attorney's Office (fill in if the County Child Support Agency is involved in your case):

County
Name of County providing child support services
Street Address
City State Zip

PLEASE TAKE NOTICE that the undersigned will bring a motion before the Honorable
(Name of Judge, Referee, or Child Support Magistrate), on (Date: Month, Day, Year)

at o'clock at the County Courthouse
(Time) (a.m./p.m.) (Name of building where hearing to be held)

or Government Center located at _____ in the city of
(Street address where hearing to be held)

Minnesota, (check the public calendar at the hearing location for the room number),
(City where hearing to be held)

and will ask the court to issue an order as requested in the following motion.

Motion

I request that the Court:

1. Find that the amount the other parent owes me for the joint child(ren)'s unreimbursed or uninsured health care expenses is \$_____.
2. Order that this amount be paid to me in full by _____ date, OR order that this amount be subject to enforcement as arrears or paid according to a monthly payment schedule.
3. Order that a judgment be entered in my favor, against the other parent, in the amount of \$_____, if the court deems it appropriate.
4. Order any other relief the Court deems just.

Notice of Rights to Other Party

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to my requests.
- If you choose to respond, a written response must be served upon all parties and the county attorney (if the county child support agency is involved with our child support) **at least 5 days before any scheduled hearing**. If your written response includes **new** issues in addition to replying to issues raised in this Motion, your response must be served upon all parties **at least 10 days before the scheduled hearing**. NOTE: The MN Judicial Branch publishes a packet of forms called "Motion to Contest Unreimbursed or Uninsured Medical Expenses" that you can use to respond. Forms are available at www.mncourts.gov/forms.
- You must file a copy of your written response and supporting documents with Court Administration **at least 5 days before any scheduled hearing**, or 10 days before the hearing if your response raises new issues.
- The court may, in its discretion, choose not to consider any documents you file with the court after the deadline.

Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact:

(Name of person to contact to discuss settlement)
(_____)_____
(Phone number of person to contact)

- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____