NOTICE OF INTENT TO COLLECT UNREIMBURSED OR UNINSURED HEALTH CARE EXPENSES AND REQUEST FOR PAYMENT

Minn. Stat. § 518A.41, subd. 17

To: Name of Non-Requesting Party: ______________________

Street Address: ______________________

City, State, Zip: ______________________

Date Mailed to Non-Requesting Party: ______________________

Request for Payment: Please pay me ____________, which is your share of our joint children's unreimbursed or uninsured health expenses that you are court-ordered to pay. I have enclosed an *Affidavit of Health Care Expenses and Demand for Payment* to explain this amount.

You have 30 days from the date I mailed this notice to you (not the date you actually received this notice) to either:

- Pay the requested amount in full,
- Agree to a payment schedule with me, or
- Serve and file a motion requesting a court hearing to contest the amount due or to set a court-ordered monthly payment amount.

If you do not respond within 30 days of the date I mailed this notice to you, I may seek enforcement options, including:

- If the Child Support Agency is involved in our case, I may submit the amount requested to them for collection.
- I may file a motion with the court asking that the requested amount be added to the amount of arrears you owe. Or, if there are no arrears, then asking the court to set a monthly payment schedule. I may also ask the court to enter a judgment against you for the requested amount.

If you disagree with the amount requested, and we are unable to resolve the dispute, you can serve and file a *Notice of Motion, Motion and Affidavit to Contest Request for Payment of Unreimbursed or Uninsured Health Care Expenses*. You must serve and file the motion within 30-days of the date I mailed this Notice to you. The Motion form is available at **www.mncourts.gov/forms**.

Dated: ______________________

____
County and State where signed

____
Signature

Name: ______________________

Address: ______________________

City/State/Zip: ______________________

Telephone: ______________________

E-mail address: ______________________