

State of Minnesota

District Court

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

In Re the Marriage of:

Plaintiff / Petitioner (first, middle, last)

vs / and

Defendant / Respondent (first, middle, last)

Intervenor

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

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

Notice

I will ask the court for things stated in my motion (below) at a hearing scheduled as follows:

Date: _____ Time: _____ a.m./p.m.

Courthouse address: _____

Telephone: _____

NOTE: Please contact the court with your current phone number and mailing address in case they need to notify you of any location or date/time change.

Motion

I request that the Court:

1. Find that the amount the other parent owes me for the joint children'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)

Affidavit

I state the following facts upon which I base my request:

1. On _____ I mailed to the other party the *Notice of Intent to Collect Health Care Expenses*, the *Affidavit of Health Care Expenses*, and copies of bills, receipts and Explanations of Benefits from the insurance company.
2. I have attached a copy of these documents to support this *Affidavit*.
3. The other party owes me _____ for unreimbursed or uninsured health care expenses for the joint children incurred between: _____ (date of earliest service) and _____ (date of latest service).
4. I asked the other party to pay me in full, or to contact me about a payment plan, within 30 days. The thirty days were up on _____
5. Since I sent the *Affidavit of Health Care Expenses*, the other party has paid me _____ toward the reimbursement amount.
6. The other party still owes me a total of _____
7. Other:

Acknowledgment

By presenting this form to the court, I certify that to the best of my knowledge, information, and belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.
2. I am not presenting this form for any improper purpose. I am not using this form to:
 - a. Harass anyone;
 - b. Cause unnecessary delay in the case; or
 - c. Needlessly increase the cost of litigation.
3. No judicial officer has said I am a frivolous litigant.
4. There is no court order saying I cannot serve or file this form.

5. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice (https://www.revisor.mn.gov/court_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch (https://www.revisor.mn.gov/court_rules/rule/ra-toh/).
6. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

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

Dated: _____

County and State where signed

Signature _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____