

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 Contest Request for
Payment of Unreimbursed or
Uninsured Health Care Expenses**
(Minn. Stat. §518A.41, subd. 17)

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. Determine the amount I owe to the other parent for the joint children's unreimbursed or uninsured health care expenses incurred during the time period _____ to _____.
2. Determine the amount of the joint children's unreimbursed or uninsured health care expenses that the other party is responsible for.
3. Set a monthly payment amount for the amount that I owe to the other party for the joint children's unreimbursed or uninsured health care expenses, or deduct the amount I owe from child support the other parent owes me.
4. Make other orders as the Court deems fair or necessary under the law.

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. The other parent claims I owe _____ for payment of unreimbursed or uninsured health care expenses.

2. I believe this amount is not correct because:

3. I believe the amount of unreimbursed or uninsured health care expenses I should pay is

_____ .

4. I believe the amount of unreimbursed or uninsured health care expenses the other party should pay is _____ .

5. I am attaching a copy of the

- written request for payment of unreimbursed or uninsured medical or dental expenses
- receipts, bills, or insurance company Explanations of Benefits that the other party sent to me on _____ .

6. I have the following documents to support my facts: (attach copies)

The following additional information supports my request:

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: _____

Signature

Name:

County and State where signed

Address:

City/State/Zip:

Telephone:

E-mail address: