

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
DIVISION _____**

[CAPTION] _____)
vs. _____)

) Case No. _____
)
)
) Document No. _____
)
)
)

**MOTION FOR REIMBURSEMENT OF UNINSURED
HEALTH CARE EXPENSES**

COMES NOW, the **Petitioner/Respondent**, and in support of this motion shows the Court:

1. The Court's order of _____, 20____, states that the **Petitioner/Respondent** shall be responsible for _____% of the total uninsured medical expenses, which includes any deductible, for the **child(ren)** of the parties.

2. I have not agreed to any treatment (except for emergencies) that makes the other parent responsible for more than \$250 without advising and consulting with the other parent before agreeing to the expense of treatment.

3. True and correct copies of the attached bills were sent to the other parent and **he/she** was requested to pay **his/her** percentage of them, but **he/she** has failed and refused to pay **his/her** percentage.

4. The name, current address and telephone number of the other parent is **known** to be:
(If not known, do not complete)

WHEREFORE, the **Petitioner/Respondent** prays that the Court grant **his/her** Motion in the amount of \$ _____, and for such further and other relief the Court deems just and equitable in the premises.

Respectfully submitted,

**Petitioner/Respondent
Address**

Phone

CERTIFICATE OF SERVICE

The below signed hereby certifies that on the day of , 20____, **he/she** caused to be served a true and correct copy of the above and foregoing instrument in writing by causing the same to be deposited in the United States Mail, First Class, postage prepaid and addressed as follows:
