

State of Minnesota

County

District Court

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

Notice**TO: Other Party:**

First

Middle

Last

Street Address

Apt. No.

City

State

Zip

**County Attorney's Office:** *(fill in this section 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

_____, on _____
(Name of Child Support Magistrate, Judge or Referee) (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.

Response to Other Parent's Request for Payment

I request that the Court:

1. Determine the amount I owe to the other parent for the joint child(ren)'s unreimbursed or uninsured health care expenses incurred during the time period _____ to _____.
2. Determine the amount of the joint child(ren)'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 child(ren)'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 the 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 in writing, 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**.
- 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

State of Minnesota)
)SS
County of _____)
(county where signing Affidavit)

I state, under oath or affirmation, 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 _____, 20____.
6. I have the following documents to support my facts: (attach copies)

The following additional information supports my request:

Acknowledgment by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- 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.

Dated: _____

Signature *(Sign only in front of Notary or Court Administrator)*

Name: _____

Subscribed and sworn to before me this
_____ day of _____, 20_____

Address: _____

by _____
(person making statement)

City/State/Zip: _____

Telephone: (_____) _____

Notary Public / Court Deputy