

____ b. The requirement of written notice has been waived by the other party.

3. I ask the court to order the employer, or other person providing health insurance coverage to enroll or maintain the child(ren) on any health insurance coverage available to father/mother.

I CERTIFY THAT THE MOTION FOR HEALTH INSURANCE COVERAGE WAS:

[check one only] ____ mailed, ____ telefaxed and mailed, or ____ hand delivered to the person(s) listed below on _____, _____ (year).

Party or their attorney (if represented)

Other

Name _____

Name _____

Address _____

Address _____

City State Zip

City State Zip

Telephone _____

Telephone _____

Fax _____

Fax _____

DATED: _____

Signature of party signing certificate and pleading

Printed name _____

Address _____

City State Zip

Telephone (area code and number)

Fax (area code and number)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on _____, _____ (year)

by _____.

Witness my hand and official seal.

Signature of Notary

Affiant: _____Known _____Produced ID

Type of ID _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN THE BLANKS BELOW. [FILL IN ALL BLANKS]

I, (name of nonlawyer) _____, a nonlawyer, located at
(street) _____ (city) _____ (state) _____,
(phone) _____, helped (name) _____, who is the
(petitioner) (respondent), fill out this form.