	In the	Court for	C	County, State of	
In re:)))	Case No:	
		Petitioner)		
	VS.))	Division:	
		Respondent)		

MOTION FOR HEALTH INSURANCE COVERAGE

1. On ______ (year), this court ordered the child(ren)'s [check one only] _____ father or _____ mother to provide health insurance coverage for the following child(ren):

Name	Date of Birth	Age	Soc. Sec. No.
		<u> </u>	

Notice to [check one only] ____ Petitioner or ____ Respondent: [check one only] _____ a. On ______, which is at least 15 days before filing this application, I gave written notice of my intent to seek this order to _____ by [check one only] _____ certified mail _____ personal service.

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 attorn	ey (if repres	sented)	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)	
For (area and a		

Fax (area code and number)

STATE OF _____

COUNTY OF_____

Sworn to (or affirmed) and subscribed before me on_____, ____(year)

hv	7	
υy		<u> </u>

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),
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(phone)_____, helped (name)_____, who is the

(petitioner) (respondent), fill out this form.