

# MOTION PACKET

## FOR REQUESTING PAYMENT OF CHILDREN'S HEALTH CARE EXPENSES

This packet has the forms you need to request a court order requiring the other parent to pay their share of the children's health care expenses.

| <i>Form Number</i>   | <i>Form Name</i>  |
|--|---|
| <b>WHERE CAN I FIND INSTRUCTIONS?</b>                            |   |
| <a href="#"><u>DR-351</u></a>                                    | <p><b>Instructions are available online at</b><br/> <a href="https://public.courts.alaska.gov/web/forms/docs/dr-351.pdf">https://public.courts.alaska.gov/web/forms/docs/dr-351.pdf</a><br/>           Printed copies are available for customers with limited or no internet access.</p>   |
| <b>WHAT IS INCLUDED IN THIS PACKET?</b>                          |   |
| <a href="#"><u>DR-352</u></a>                                    | <b>Motion &amp; Affidavit Requesting Payment for Children's Health Care Expenses</b>  |
| <a href="#"><u>DR-353</u></a>                                    | <b>Statement of Health Care Expenses</b>  |
| <a href="#"><u>DR-354</u></a>                                    | <b>Notice of Motion</b>   |
| <a href="#"><u>DR-355</u></a>                                    | <b>Order for Reimbursement of Health Care Expenses</b>  |
| <a href="#"><u>DR-359</u></a>                                    | <b>Reply to Response</b>  |
| <b>OTHER INFORMATION</b>   |   |
| <a href="#"><u>Attorneys who do unbundled legal services</u></a> | <p>If you need help with your case, you may want to talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Association can give you names of lawyers who handle family law cases, including some who do "unbundled legal services" (limited services instead of representing you for the whole case). Go to <a href="https://alaskabar.org/for-our-community/unbundled-legal-services/">https://alaskabar.org/for-our-community/unbundled-legal-services/</a> or call <b>(907) 272-0352</b> or <b>(800) 770-9999</b> for more information.</p> |
| <a href="#"><u>Family Law Self-Help Center</u></a>               | <p>For help filling out these forms, visit the Family Law Self-Help Center's website at <a href="https://courts.alaska.gov/shc/family/index.htm">https://courts.alaska.gov/shc/family/index.htm</a>. Or call <b>(907) 264-0851</b> (in Anchorage and outside Alaska) or <b>(866) 279-0851</b> (toll free in Alaska but outside of Anchorage).</p>   |
| <b>Flowchart</b>   | <a href="#"><u>Flowchart for Calculating Cost of Children's Health Insurance</u></a>  |

**December 2023  
Alaska Court System**

The statutes, court rules, and forms in this packet are available on the court's website: [www.courts.alaska.gov/forms](http://www.courts.alaska.gov/forms).

Person Submitting Motion:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Attorney for \_\_\_\_\_  Self-Represented (I don't have an attorney)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

Parent A  
(Plaintiff/Co-Petitioner): \_\_\_\_\_

Parent B  
(Defendant/Co-Petitioner): \_\_\_\_\_ Case No.: \_\_\_\_\_

**MOTION & AFFIDAVIT REQUESTING PAYMENT  
FOR CHILDREN'S HEALTH CARE EXPENSES**

**1. Parent Information.**

*You **must** provide a mailing address for the court and the other parent to mail you required documents. It does **not** have to be the same as the address where you live and may be in care of another person, but you must check the mail frequently to make sure that you are receiving all court papers.*

**Parent A**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent B**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Court's Order about Health Care Expenses Not Covered by Insurance.**

I attached a copy of our most recent child support order, signed on \_\_\_\_\_.

Under this order, the children's health care expenses not covered by insurance are to be paid as follows, unless the expenses are more than \$5,000 in a calendar year:

Parent A must pay  half.  \_\_\_\_\_.

Parent B must pay  half.  \_\_\_\_\_.

This order does not describe how the children's uninsured health care expenses are to be split between the parents. I request that the court order the other parent to pay:

half.  \_\_\_\_\_.

**3. Payments Made.**

I paid the health care expenses listed in the attached *Statement of Health Care Expenses* (form [DR-353](#)). I have **not** been paid by insurance or by the other parent for the amounts shown in the chart.

**4. Request for Payment Sent to Other Parent.**

I wrote to the other parent to ask for payment for that parent’s share of the costs:  
*[List below the dates you made the request and by what method (mail, email, etc.).]*

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In my written request to the other parent, I included:

- a copy of each health care provider’s bill,
- proof of the amount I paid, and
- any information I had about the amount paid by insurance companies (for example, an Explanation of Benefits).

It has been more than 30 days since I wrote to the other parent, and the other parent has **not** paid me.

**5. Request for Court Order.**

Because the amounts shown on the attached *Statement* (form DR-353) are past due, I ask the court to order the other parent to pay the total amount due to me. I attached a proposed order (form DR-355).

**6. Additional Requests or Information Related to Health Care Expenses.**

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**7. Required Attachments.**

*[Each of the items listed below **MUST** be attached to this motion. Check each box to show that you have completed and attached the item.]*

- Copy of our most recent child support order
- Statement of Health Care Expenses* (form [DR-353](#)) with the following attached:
  - Copy of each health care provider’s bill
  - Copy of each Explanation of Benefits (EOB) from an insurance company
  - I did not attach some or all of the EOBs, because:

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- Proof of any amount I paid the health care provider
- Copy of each request for payment I sent to the other parent
- Proposed order for the court to sign (form [DR-355](#))

**NOTE:** You must sign this in front of a notary. A court clerk can provide this notary service for you for free. Bring a photo ID with you for the notarization. If you do not have access to a notary or court clerk, attach form [TF-835, Self-Certification \(No Notary Available\)](#).

I swear or affirm that everything I wrote in this motion and any attachments are true to the best of my knowledge and belief.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Person Filing Motion

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Court clerk, notary public, or other person authorized to administer oaths.  
 My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

- I am filing this document through the court’s TrueFiling program and will fill out the certificate of service through that program.
- I certify that I served a copy of this motion and attachments as shown below:

**Other Parent**

*[You must also send a **Response Packet** (form [DR-356](#)) to the other parent.]*

I served the other parent with (1) a copy of this motion and all documents checked in section 7, and (2) a *Response Packet* by  first-class mail.  email.  hand-delivery.

Name of Other Parent: \_\_\_\_\_

Address (or email address): \_\_\_\_\_

Date (include time if served by email): \_\_\_\_\_

**Other Parent’s Attorney**

*[If the other parent was represented by an attorney within the last year, you must send the attorney a copy of this motion and all the documents checked in section 7.]*

I served the attorney with a copy of this motion and all the documents checked in section 7 by  first-class mail.  email.  fax.  hand-delivery.

Name of Other Parent’s Attorney: \_\_\_\_\_

Address (or email or fax number): \_\_\_\_\_

Date (include time if served by email or fax): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Filing Motion

**Need help? Visit [ak-courts.info/family](http://ak-courts.info/family) or call (907) 264-0851 (in Anchorage) or (866) 279-0851 (toll free in Alaska)**

**STATEMENT OF HEALTH CARE EXPENSES**

Name of Parent Filling Out Statement \_\_\_\_\_

Parent A     Parent B

In the chart below, list each health care expense, beginning with the oldest one. If you do not know the answer to a question, write **“unknown” in that box**.

- Attach: (1) a **copy of each health care provider’s bill**,  
 (2) proof of any amount you paid the provider,  
 (3) a **copy of each “Explanation of Benefits” (EOB) from an insurance company**, and  
 (4) a copy of each request for payment you sent the other parent.

At the bottom of each attached document, write and circle the number on the chart that corresponds to that item. Attach the documents in order by that number.

| a<br>Date of health care service |  | b<br>Name of health care provider | c<br>Name of Patient | d<br>Amount charged by provider (attach copy of bill) | e<br>Amount you paid provider (attach proof of payment) | f<br>Amount paid by insurance companies (attach EOBs) | g<br>Amount not paid by any insurance company and still owed on bill | h<br>Amount other parent owes you | FOR COURT USE ONLY |  |
|----------------------------------|--|-----------------------------------|----------------------|---|---|---|--|-----------------------------------|--------------------|--|
|                                  |  |                                   |                      |   |   |   |  |                                   | Court Findings     |  |
|                                  |  |                                   |                      |   |   |   |  | i<br>Amount owed                  | j<br>Owed to       |  |
| 1                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 2                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 3                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 4                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 5                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 6                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| 7                                |  |                                   |                      |   |   |   |  |                                   |                    |  |
| <b>Total</b>                     |  |                                   |                      |   |   |   |  |                                   |                    |  |

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

Parent A  
(Plaintiff/Co-Petitioner): \_\_\_\_\_

Parent B  
(Defendant/Co-Petitioner): \_\_\_\_\_ Case No.: \_\_\_\_\_

**NOTICE OF MOTION REQUESTING PAYMENT  
FOR CHILDREN'S HEALTH CARE EXPENSES**

**TO OTHER PARENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

The enclosed motion asks the court to order you to pay a share of the health care expenses for your children.

You have the right to file a written response to the motion. You may use the response form (DR-358) in the enclosed "Response Packet." These forms are also available online at <https://courts.alaska.gov/forms/> under the "Domestic Relations" category. Your response must be filed at the same court where the motion was filed. See [ak-courts.info/dir](http://ak-courts.info/dir) for a list of court locations and addresses. You must file your response within 10 days after the date you receive the motion if it is hand-delivered or emailed to you, or within 13 days after the postmark date if it is mailed to you.

If you file a response with the court, then you must also send a copy of it to me at the mailing address written below.  I agree that you can send your response to me by email instead of regular mail.

If you were previously represented by a lawyer in this case, do not assume that your lawyer still represents you. If you have any questions, visit [ak-courts.info/family](http://ak-courts.info/family) or contact a lawyer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent Filing Motion

\_\_\_\_\_  
Type or Print Name

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Certificate of Service**

I certify that on \_\_\_\_\_ at \_\_\_\_\_ [date/time], I served a copy of this notice, the referenced motion, all supporting documents, and a blank "Response Packet" to the other parent named above by  first-class mail.  hand-delivery.  email.

Signature of Parent Filing Motion: \_\_\_\_\_

Person Submitting Proposed Order

Name: \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Attorney for \_\_\_\_\_  Pro Se (not represented by an attorney)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

ORDER FOR REIMBURSEMENT OF  
HEALTH CARE EXPENSES

The court has reviewed the motion filed on \_\_\_\_\_, any response, and the evidence presented by the parties.

IT IS ORDERED that:

1. \_\_\_\_\_ must pay to \_\_\_\_\_,  
\$\_\_\_\_\_ for the children's health care expenses by \_\_\_\_\_.
2. If payment is not made by the above date, the parent to whom payment is owed may
  - a. ask the Child Support Enforcement Division (CSED) to enforce this order, or
  - b. file a motion asking the court to enter a judgment for the above amount and begin execution procedures to collect the judgment.
3. \_\_\_\_\_ must obtain and sign a release form authorizing the insurance company to give copies of Explanation of Benefit statements (EOBs) concerning the children to \_\_\_\_\_.
4. Other: \_\_\_\_\_  
\_\_\_\_\_

Recommended for approval on:

Approved on:

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Date

\_\_\_\_\_  
By Superior Court Master

\_\_\_\_\_  
By Superior Court Judge

\_\_\_\_\_  
Type or Print Master's Name

\_\_\_\_\_  
Type or Print Judge's Name

I certify that on \_\_\_\_\_  
a copy of this order was sent to (list names):

Clerk: \_\_\_\_\_

Person Submitting Reply:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

Parent A

(Plaintiff/Co-Petitioner): \_\_\_\_\_

Parent B

(Defendant/Co-Petitioner): \_\_\_\_\_ Case No.: \_\_\_\_\_

**REPLY TO RESPONSE**

I **agree** with the other parent's response to my motion.

I **do not agree** with the other parent's response to my motion, because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that everything I wrote in this response is true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Court clerk, notary public, or other  
person authorized to administer oaths.  
My commission expires: \_\_\_\_\_

**Certificate of Service**

*[If the other parent is currently represented by an attorney (that is, if the response was signed by an attorney), you must serve your reply on the attorney instead of on the other parent.]*

I am filing this document through the court's TrueFiling program and will fill out the certificate of service through that program.

I certify that I served a copy of this reply on the person named below by  
 first-class mail.  hand-delivery.  email.  fax.

Name of Other Parent or Attorney: \_\_\_\_\_

Date (include time if served by email or fax): \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Reply