

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: \_\_\_\_\_