

In the _____ Court for _____ County, State of _____

In re: _____
Petitioner

vs.

Respondent

)
)
)
)
)
)
)
)

Case No:

Division:

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.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. 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 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.