

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

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

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

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

TO OTHER PARENT:

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

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." Your response must be filed with the Clerk of Court at the court where the motion was filed. See page 4 of the instructions in the "Response Packet" for the court's mailing address. You must file your response within 10 days after the date you receive the motion if it is hand-delivered 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 on the same day you must also send a copy of it to me at the address written below.

If you were previously represented by an attorney in this case, do not assume that your attorney still represents you. If you have any questions, you should contact an attorney.

\_\_\_\_\_  
Date

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

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

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

Certificate of Service

\_\_\_\_\_  
City State ZIP

I certify that on \_\_\_\_\_,  
I  mailed  hand-delivered a copy of this  
Notice, the referenced motion, all supporting  
documents and a blank "Response Packet" to the  
other parent named above at the address written  
above.

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