

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 _____

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 Services Division (CSSD) 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: _____