

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) and a Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.**

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ _____

Your Signature _____ Date _____