

## **PRO SE MOTIONS FOR REIMBURSEMENT OF MEDICAL/DENTAL EXPENSES INSTRUCTIONS**

**FIRST PLEASE READ:** It is highly recommended that a completed spreadsheet with copies of all unpaid medical/dental bills are mailed to the other parent at least quarterly through each year and given at least 30 days to respond or pay before proceeding with this motion.

1. Fill out COMPLETELY:

**PLEASE USE BLACK INK ONLY**

(A) Motion

ATTACH A COPY OF YOUR COMPLETED SPREADSHEET Regarding unpaid medical/dental expenses.

(B) Notice of Hearing (The Clerk of the District Court will give you a date and time when you file your motion.)

(C) Request and Service Instruction Form

**Note: Make sure to provide proof of all unpaid medical/dental expenses by bringing all copies of medical/dental bills in question to court on your court date.**

2. File ORIGINAL and FOUR (4) COPIES of: a) Motion, b) Notice of Hearing, c) Request and Service Instruction form with the Clerk of the District Court Office. The Clerk of the District Court will “file-stamp” all copies, keep the originals and give you back copies.

CLERK OF THE DISTRICT COURT: 9:00 AM – 4:30 PM M-F (3<sup>rd</sup> Floor Wyandotte County, Kansas Courthouse, 710 North Seventh street, Kansas City, Kansas 66101) You must tell the Clerk on your Request for Service form how you want your Motion served. There are three main ways: a) Certified Mail, b) Personal Service in Wyandotte County by either the Process Service Department or the Wyandotte County Sheriff’s Department, c) Personal Service by Sheriff’s Department in other County of other State.

SERVICE: You must now serve a “file stamped” copy of:

a) Motion

b) Notice of Hearing – On your ex-spouse and his/her attorney of record

SERVICE BY MAIL: Service by mail must be by certified mail. You will need to use a “green card” which you will have to get from the post office. After you receive the green card back signed you will attach it to the return of service for certified mail and file it with the clerk of the District Court.

SERVICE BY THE WYANDOTTE COUNTY, KANSAS PROCESS SERVICE DEPARTMENT OF SHERIFF’S OFFICE: The Civil Department will issue the paperwork to the Sheriff’s Office.

SERVICE BY A SHERIFF'S OFFICE IN THE STATE OF KANSAS OTHER THAN WYANDOTTE COUNTY: The clerk of the District Court will issue the paperwork to that Sheriff's Office.

SERVICE BY SHERIFF'S OFFICE OURTSIDE THE STATE OF KANSAS: YOU will need to call the Sheriff's Office in the County where you want service completed and find out the cost for civil service of paperwork. A MONEY ORDER must accompany your paperwork at the time of filing, made out to THAT Sheriff's Office. The Civil Department will then issue that paperwork and MONEY ORDER to the Sheriff's Office.

IT IS UP TO YOU to get the correct papers filed and proper service completed, in order for your case to go forward on its assigned hearing date and time. Be advised, the Hearing Officer can dismiss the Motion for lack of proof by either party.

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS  
CIVIL COURT DEPARTMENT

IN THE MATTER OF:

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

CASE NO: \_\_\_\_\_

DIVISION NO: \_\_\_\_\_

CHAPTER 60

**MOTION FOR REIMBURSEMENT OF MEDICAL/DENTAL EXPENSES**

COMES NOW the (Petitioner/Respondent) and moves the Court to grant a Judgment against the (Petitioner/Respondent) for reimbursement of medical/dental expenses.

- a. Judgment to be granted in the amount of \$\_\_\_\_\_ against the (Petitioner/Respondent) for medical/dental expenses, *to be paid through the Kansas Payment Center.*
- b. Attached are copies of the medical/dental bills (**which have been paid**) with a cover page summary of the bills.
- c. Enclosed is a copy of the page(s) of the Divorce Decree/Property Settlement Agreement, which states that the (Petitioner/Respondent) shall be responsible for all or a portion of the medical/dental expenses.
- d. I have already requested payment of the above expenses from the (Petitioner/Respondent) but such request has been refused.

**NOTICE OF HEARING**

Please take notice that the above motion has been set for hearing before the Hearing Officer at the Wyandotte County Courthouse, 710 N. 7<sup>th</sup> Street, Kansas City, Kansas.

(DATE) \_\_\_\_\_

(TIME) \_\_\_\_\_ (A.M./P.M.)

(PLACE OF HEARING) DIVISION 17 – SECOND FLOOR

CERTIFICATE OF MAILING

(to be completed *only* if you choose service by U.S. Mail-Postage Pre-Paid at last known address)

I hereby certify that a true and correct copy of the above and foregoing document was placed in the United States Mail, postage prepaid on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the  
(Petitioner/Respondent/attorney of record) as follows:

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\_\_\_\_\_  
Your Signature Pro Se  
Home Address \_\_\_\_\_

\_\_\_\_\_  
Day time Phone # \_\_\_\_\_

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS  
CIVIL COURT DEPARTMENT

IN THE MATTER OF:

\_\_\_\_\_  
Petitioner

CASE NO: \_\_\_\_\_

and

DIVISION NO: \_\_\_\_\_

CHAPTER 60

\_\_\_\_\_  
Respondent

REQUEST AND SERVICE INSTRUCTION FORM

To: The Clerk of the District Court

Please issue a Motion for Medical/Dental Reimbursement and Notice of Hearing filed herewith for service on:

Name of person to be served: \_\_\_\_\_

Address for service is: \_\_\_\_\_

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

Service is requested by one of the following methods:

\_\_\_\_\_ 1) Service by U.S. Mail - Postage Pre-Paid, to opposing parties at last known address by the undersigned pro se litigant.

\_\_\_\_\_ 2) Certified mail service by the undersigned pro se litigant, who understands that the responsibility for obtaining service shall be their own. The Return of Service (green card) must be filed with the Clerk of the District Court prior to the Hearing date.

\_\_\_\_\_ 3) Personal Service through the Office of the Sheriff of Wyandotte County, State of Kansas.  
(party to be served, MUST live/work in Wyandotte County, Kansas)

\_\_\_\_\_ 4) Certified mail service by the Sheriff of Wyandotte County, State of Kansas.  
(party to be served, must live/work in the State of Kansas)

\_\_\_\_\_ 5) Personal Service (other than Wyandotte County) through the Office of the Sheriff of \_\_\_\_\_ County, State of \_\_\_\_\_. (Money Order made out to THAT Sheriff's office must accompany paperwork)

\_\_\_\_\_  
Your Signature Pro Se

Home Address \_\_\_\_\_

\_\_\_\_\_  
Day Time Phone # \_\_\_\_\_

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS  
CIVIL COURT DEPARTMENT

IN THE MATTER OF:

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

CASE NO: \_\_\_\_\_

DIVISION NO: \_\_\_\_\_

CHAPTER 60

RETURN OF SERVICE FOR CERTIFIED MAIL

STATE OF KANSAS)

COUNTY OF WYANDOTTE)

The undersigned pro se litigant being duly sworn, states: I have served a Motion to Enforce Visitation on the (Petitioner/Respondent/attorney of record) and the following Return for Receipt of Service was served by certified mail on \_\_\_\_\_ (date) and place as listed on the attached green card.

***Here is where you will attach the green card once you have received it back by mail from the post office showing that someone has signed for the certified letter.***

\_\_\_\_\_ Check here (if appropriate) service by certified mail was refused.

\_\_\_\_\_  
Your Signature Pro Se

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_

My appointment expires:

\_\_\_\_\_  
Notary Public

