

DISTRICT COURT TRUSTEE  
SEVENTH JUDICIAL DISTRICT  
111 EAST 11TH STREET, UNIT 101  
LAWRENCE, KS 66044-2966  
785-832-5315  
Fax: 785-838-2408

PS-10

## Pro Se Motion for Reimbursement of Medical Expenses

***\*\*Please read these instructions in their entirety before you begin!\*\****

The following information is provided to assist you in obtaining a judgment for court-ordered payment of medical expenses that are due and owing to you. Your court order must specifically set forth the percentage that each party must pay for unreimbursed medical expenses in order for you to obtain a judgment. You must provide proof that you have asked the other party ***in writing*** to reimburse you for their share of the unpaid medical expenses. A hearing cannot be held until your motion has been filed and all of the steps have been completed.

The following documents (included in this packet) must be filled out and filed with the court when seeking a reimbursement of medical expenses. Fill out the documents using a typewriter or print legibly in black or blue ink.

1. Motion for Reimbursement of Medical Expenses
2. Notice of Hearing and Certificate of Mailing
3. Return of Service for Certified Mail

***Follow the steps below in the order given. Check each one off as you complete it to properly file your motion with the court.***

## **1. Motion for Reimbursement of Medical Expenses.**

- a. Fill out the motion completely, making sure you sign your name where indicated.
- b. Attach supporting documentation to your completed Motion for Reimbursement.  
(Copies of all unpaid medical bills for which you seek reimbursement; copy of the letter where you asked the other party to pay their court-ordered portion; and copy of the divorce decree which states how unpaid medical expenses are to be divided between the parties)
- c. The Certificate of Mailing portion should include the names and addresses of the following:
  - i. Opposing party/ex-spouse;
  - ii. Opposing party/ex-spouse's attorney of record, if any.
- d. Make 4 copies of the Motion for Reimbursement of Medical Expenses and 3 copies of the supporting documentation. (4 copies if the opposing party has an attorney)
- e. Staple the original Motion for Reimbursement of Medical Expenses to the originals of the supporting documentation that you are providing.
- f. Staple the remaining copies of the Motion for Reimbursement to each

## **2. Notice of Hearing and Certificate of Mailing.**

- a. Fill out the Notice of Hearing and Certificate of Mailing, with the exception of the hearing date and time. The Certificate of Mailing section should include the same people that you wrote on the certificate of mailing on your Motion for Reimbursement of Medical Expenses.
- b. Make 3 copies of the completed Notice of Hearing. (4 copies if the opposing party has an attorney)

#### **4. Filing your Motion and Obtaining a Hearing Date.**

- a. Go to the Clerk of the District Court office in the basement of the Judicial and Law Enforcement Center at 111 East 11th Street, Lawrence, KS to file your motion. Bring originals and all copies with you.
  
- b. Give the clerk at the counter the original and all copies of the Motion for Reimbursement of Medical Expenses.

The clerk will file-stamp the original and all copies of your Motion for Reimbursement of Medical Expenses. They will keep the original for the court file and give you back all of the copies.

- c. Go to the Juvenile Judge Pro Tem office for a hearing date and time. Their office is located in the south hallway on the main floor of the building. Give the administrative assistant the “Chamber copy” of your Motion for Reimbursement of Medical Expenses and the original and all copies of your Notice of Hearing and Certificate of Mailing.

The administrative assistant will give you a hearing date and time and write it on the original and all copies of the Notice of Hearing. The assistant will keep one copy and give the rest back to you.

- d. Go back downstairs to the Clerk of the District Court office and give the original and all copies of the Notice of Hearing and Certificate of Mailing to the clerk for filing. The clerk will keep the original Notice of Hearing for the court file and give you back all the file- stamped copies.

## 5. Serving the Opposing Party.

You must mail the remaining copies by certified mail to the opposing party and their attorney of record, if any. You should do this on the same day that you file the Notice of Hearing with the Clerk of the District Court. Failure to mail the copies and provide proof of service will result in your motion being dismissed.

- a. Keep one copy of the Motion for Reimbursement of Medical Expenses and one copy of the Notice of Hearing for yourself.
- b. Mail one copy of the Motion for Reimbursement of Medical Expenses (with all attachments) and one copy of the Notice of Hearing to the opposing party/ex-spouse **by certified mail.**
- c. Mail one copy of the Motion for Reimbursement of Medical Expenses (with all attachments) and one copy of the Notice of Hearing to the opposing attorney of record, if any, **by certified mail.**

## 6. Filing the Return of Service for Certified Mail.

After you mail your Motion for Reimbursement of Medical Expenses and Notice of Hearing by certified mail to the required parties, you will have to wait for the Return of Service ( "green card") to be returned to you by the post office. Once you receive the green card(s), follow the steps below to prove to the court you served your motion properly.

- a. Fill out the Return of Service for Certified Mail.
- b. Attach the green card(s) to the middle of the page where indicated.
- c. Make one copy for your file.
- d. Bring the original Return of Service for Certified Mail to the Clerk of the District Court office in the basement of the Judicial & Law Enforcement Center at 111 East 11th Street, Lawrence, KS.
- e. Hand the document to the clerk at the counter for filing. The clerk will keep the document so that it can be placed in your court file as proof that you completed all the steps necessary to properly file your Motion for Reimbursement of Medical Expenses.

***PLEASE REMEMBER!! It is up to you to get the correct papers filed and proper service completed in order for a hearing to be held at its assigned hearing date and time.***

# IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of \_\_\_\_\_ )  
 )  
 )  
vs. \_\_\_\_\_, )  
Petitioner, ) Case No. \_\_\_\_\_  
 ) Division \_\_\_\_\_  
 )  
Respondent. )

## MOTION FOR REIMBURSEMENT OF MEDICAL EXPENSES

COMES NOW \_\_\_\_\_ and moves the Court to grant a judgment against  
(Your name)

(Opposing party's name) for reimbursement of medical expenses for the following reasons:

- A. I am asking the court to grant a judgment against \_\_\_\_\_ for \_\_\_\_\_ % of the medical expenses, which total \$ \_\_\_\_\_.
- B. Attached is a copy of the Divorce Decree/Property Settlement Agreement, which states the percentage of medical expenses that each party shall be responsible for.
- C. Attached are copies of medical bills that HAVE/HAVE NOT been paid.
- D. Attached is proof of my request for payment of the above expenses from the opposing party, but such request has been refused.

THEREFORE, I move the Court to enter a judgment for reimbursement of medical expenses pursuant to the current support order of the Court.

*Your signature*

*Pro se*

Address

Phone

## CERTIFICATE OF MAILING

A copy of this Motion for Reimbursement of Medical Expenses has been sent by Certified Mail/Return Receipt Requested to (Petitioner/Respondent) and their attorney of record at the following addresses:

Date

*(Your signature again here)*



## CERTIFICATE OF MAILING

I hereby certify that on the        day of        , 20        , I caused a true and correct copy of this Notice of Hearing to be mailed by Certified Mail, Return Receipt Requested, addressed to the following:

*Your signature        Pro se*

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

IN THE MATTER OF )  
 )  
 )  
 Petitioner, ) Case No.  
 ) Division  
and )  
 )  
 )  
 , )  
 Respondent. )

**RETURN OF SERVICE FOR CERTIFIED MAIL**

State of Kansas )  
 ) ss.  
County of Douglas )

The undersigned, being duly sworn, states: I have served a Motion for Reimbursement of Medical Expenses and Notice of Hearing on the Petitioner/Respondent, and their attorney of record, if any, and the following Return for Receipt of Service was served on the litigant by certified mail on , 20 , at the time and place as listed on the attached card.

**(When you receive the signed green card back from the other party, tape it here.)**

Check here if service by certified mail was refused. (If refused, I certify that I sent a true copy of the motion by first-class mail after the certified letter was refused.)

*Your signature Pro se*

Subscribed and sworn to before me on this day of , 20 .

*Notary Public*

My commission expires: