IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

*In the Matter of the Marriage of*

Click here to enter text. Case No. Click here to enter text.

And Court No. Choose an item.

Click here to enter text.

**MOTION For Medical Reimbursement**

1. I have paid medical, dental and/or vision expenses for my child(ren) that were not paid by insurance.
2. According to current orders I am to pay Click here to enter text.% and the other parent is to pay Click here to enter text.% of these expenses.
3. I gave the other parent proof of the expense and proof of the payment. I asked for payment of his/her share.
4. Choose an item.owes me $Click here to enter text. and I request judgment in that amount.

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

Name: Click here to enter text.

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone Number: Click here to enter text.

Email: Click here to enter text.

**NOTICE OF HEARING**

This Motion to Modify Child Support has been set for hearing. The time and place are:

**PLACE: Johnson County Kansas Courthouse**

**100 N. Kansas Avenue**

**Olathe, KS 66061**

**Room 334/336 – 3rd Floor Hearing Room**

**Date: Click here to enter a date. Time: Click here to enter text.**

**CERTIFICATE OF SERVICE AND MAILING**

I certify that on Click here to enter a date., I sent a true copy of this Motion to Click here to enter text. at Click here to enter text. by placing it in the United States mail, postage prepaid.

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

Name : Click here to enter text.