

Please read directions completely

Pro Se Motion for Reimbursement of Medical/Dental Expenses

1. Fill out completely: Typed or printed legibly.
 - a. Motion and Notice of Hearing
 - b. Certificate of Service and Mailing, one for each party to be served (opposing party and attorney of record)

2. Hearing date and time: Upon completion of all forms, please bring forms to the Johnson County Courthouse, 1st floor, room 114 "Help Center" to obtain a hearing date and time. Or if you live out of state, please contact the Hearing Office of at 913-715-3668 or 913-715-3669 for a hearing date.

3. Provide a copy to Hearing Office: The Hearing Office-Room 335, third floor of the Courthouse must receive a copy of all paperwork filed with the Clerk of the District Court.

4. Mail a copy of the documents to the other party: The preferred method of service is to mail the documents to the opposing party at their last known address whether they reside in this state or another. Service must be completed at least five (5) days prior to hearing date (excluding weekends and holidays), so documents must be mailed no later than eight (8) days prior to the hearing.

Clerk of the District Court is open Monday-Friday, 8:00-5:00

Last completed filing taken at 4:30

Mailing:

100 North Kansas Avenue 2nd floor, Courthouse Olathe, Kansas
66061

Fax: 913-715-3401

Service Methods:

1. Service by US 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 - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.

3. Hand Delivery – A) At the person's office with a clerk or other person in charge, or, if no one is in charge, in a conspicuous place in the office; or
(B) if the person has no office or the office is closed, at the person's dwelling or usual place of abode with someone of suitable age and discretion who resides there

4. Fax - sending it by tele facsimile communication, in which event service is complete upon receipt of a confirmation generated by the transmitting machine

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

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

MOTION FOR REIMBURSEMENT OF MEDICAL/DENTAL/OTHER EXPENSES

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

I am requesting judgment be granted in the amount of \$ _____ against the (Petitioner/Respondent) for the Petitioner/Respondent's share paid medical/dental expenses. Thereafter, judgment, if granted, to be paid through the Kansas Payment Center and enforced by the District Court Trustee's office.

The (Petitioner/Respondent) has already been given a copy of the paid expense, along with a receipt for payment of their portion of the medical/dental expenses. Such payment has not been fulfilled in its entirety.

WHEREFORE, the (Petitioner/Respondent) moves the court for a judgment for paid medical/dental expenses.

NOTICE OF HEARING

Please take notice that the above motion has been set for hearing before the Hearing Office at the Johnson County Courthouse, 100 N. Kansas Avenue, 3rd floor, Room **334/336**, Olathe, Kansas 66061, 913-715-3668/3669.

Date: _____

Time: _____

Signed By

Address: _____

e-mail address:

Phone #:

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

In The Matter of

AND

Case No. _____

Division No. _____

CERTIFICATE OF SERVICE

I certify that I served on _____ a copy of
(Name of party/attorney being served)

_____ by:
(List all documents being served)

Mark all that apply

___ Depositing in the United States mail, postage prepaid, to:

(Last Known Address) (Date: DD/MM/YYYY)

___ Handing a true copy to the person at:

(Address) (Date: DD/MM/YYYY)

___ Leaving a true copy at their residence with: _____
(Name)

(Address) (Date: DD/MM/YYYY)

___ Faxing a true copy to fax number: _____
(Date: DD/MM/YYYY)

Your Signature: _____

Print Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____