

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 contact the Johnson County Courthouse, 1st floor, 'Self-Help Center' to obtain a hearing date and time. For specific questions about the hearing please contact the Hearing Office of at 913-715-3668 or 913-715-3669.

3. Provide a copy to Hearing Office: The Hearing Office 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 Address: Johnson County Courthouse

Attn: Self Help Center

150 W Santa Fe Street, Olathe, Kansas 66061

Fax: 913-715-3401

Phone: 913-715-3385

Email: DCC-Helpcenter@jocogov.org

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, 150 W Santa Fe St., Olathe, Kansas 66061, 913-715-3668/3669.

Date: _____

Time: _____

Filing Party Signature

Signed by:

Address:

Phone:

E-Mail:

CASE NUMBER:

MOTION FOR MEDICAL, DENTAL AND OTHER EXPENSES REIMBURSEMENT ATTACHMENT

Please list any and all medical, dental and other expenses needing to be reimbursed in the motion being filed.

[illegible]

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

Petitioner
vs

Respondent

Case No.
Court No.

CERTIFICATE OF SERVICE AND MAILING

On _____ a true copy of: _____
was sent to the below listed parties by US prepaid postal mail and in addition to electronic
delivery of email to the following addresses:

Name: _____
Address: _____
City, State, Zip Code: _____
Email: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Email: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Email: _____

Filing Party's Signature or Digital Signature
Name: _____
Address: _____
City, State, Zip Code: _____
Email: _____