Name of Child: _____ Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) and a Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.**

EXPLANATION OF HEALTH CARE BILLS

Date of Treatment	Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided	Total Bill	Date Bill Sent to Other Party	Amount Insurance Paid	Amount You Paid	Amount Paid by Other Party	Amount of Unpaid Bill	Amount Due from Other Party

Total Amount of Claim **$** $ 0.00

_____ _____

Your Signature Date