



\_\_\_\_\_ b. The requirement of written notice has been waived by the other party.

3. I ask the court to order the employer, or other person providing health insurance coverage to enroll or maintain the child(ren) on any health insurance coverage available to father/mother.

I CERTIFY THAT THE MOTION FOR HEALTH INSURANCE COVERAGE WAS:

[check one only] \_\_\_\_\_ mailed, \_\_\_\_\_ telefaxed and mailed, or \_\_\_\_\_ hand delivered to the person(s) listed below on \_\_\_\_\_, \_\_\_\_\_ (year).

Party or their attorney (if represented)

Other

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of party signing certificate and pleading

Printed name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone (area code and number)

\_\_\_\_\_  
Fax (area code and number)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_, \_\_\_\_\_ (year)

by \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant: \_\_\_\_\_ Known \_\_\_\_\_ Produced ID

Type of ID \_\_\_\_\_

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN THE BLANKS BELOW. [FILL IN ALL BLANKS]

I, (name of nonlawyer) \_\_\_\_\_, a nonlawyer, located at  
(street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_,  
(phone) \_\_\_\_\_, helped (name) \_\_\_\_\_, who is the  
(petitioner) (respondent), fill out this form.