In the _	Court for	County, State of _	
In re:	Petitioner)) Case No:)) Division:))	
	MOTION FOR HEAL	TH INSURANCE COVE	ERAGE
1. On one only] child(ren):	father or mother to pro	year), this court ordered the vide health insurance covers	ne child(ren)'s [check erage for the following
Name	Date of Birth	Age	Soc. Sec. No.
2. Notice to [c	check one only] Petitione	r or Respondent:	[check one only]
	On		
	ve written notice of my intent		
[check one only]certified mailperso	onal service.	

b. The requirement of	vritten notice has been waived by the other party.
3. I ask the court to order the emplo	yer, or other person providing health insurance coverage to
enroll or maintain the child(ren) on	my health insurance coverage available to father/mother.
I CERTIFY THAT THE MOTION I	OR HEALTH INSURANCE COVERAGE WAS:
[check one only] mailed,	elefaxed and mailed, or hand delivered to the per-
son(s) listed below on	, (year).
Party or their attorney (if represented	Other
Name	Name
Address	Address
City State Zi	City State Zip
Telephone	Telephone
Fax	
DATED:	
	Signature of party signing certificate and pleading
	Printed name
	Timed name
	Address
	City State Zip
	Telephone (area code and number)
	rerephone (area code and number)
	Fax (area code and number)

STATE OF			
COUNTY OF			
Sworn to (or affirmed) and subscribed be	efore 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 FII THE BLANKS BELOW. [FILL IN ALL		FORM HE/SHE N	MUST FILL IN
I, (name of nonlawyer)		, a nonlawy	er, located at
(street)	(city)	(state),
(phone), helped (n	name)		, who is the
(petitioner) (respondent), fill out this for	m.		