AFFIDAVIT OF HEALTH CARE EXPENSES

_____ _____

Name Case Number

I _____swear that health care expenses
(print your name here)
incurred on behalf of the minor child(ren) have exceeded $289.00 or $345.00 per child, which is the annual amount designated as "ordinary health care expenses".

I have presented copies of these expenses to the other party on this case.

I swear under penalties of perjury that this information is true, accurate, and complete to the best of my information, knowledge and belief.

_____ _____

Date Signature

Please use the table below to list the current year health care expenses up to the first $289 or $345 per child:

Child Receiving service	Health care provider	Date of Service	Type of Service	Cost of Service	Amount paid by insurance	Out-of-pocket cost

Grand total: $_____