

MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

Packet M – 7

GENERAL INFORMATION

The forms included in this packed are:

1. Family Court Information Sheet
2. Motion For Reimbursement Of Health Care Expenses (with exhibits)
3. Affidavit Of Service
4. Reply To Response To Motion
5. Request For Submission
6. Affidavit of Service

It is important that the instructions for filling out, filing and serving the documents be followed carefully and completely. If the forms and exhibits are not complete and attached to the Motion, and the service on the other party is not done correctly, the Court will not be able to act on your pleadings.

When filling out the forms, if they are not typed use **black ink and print neatly. Do not use whiteout on the forms.** If you make a mistake, simply run a single line through the mistake and initial above the line. **The Court Clerk will not accept forms with whiteout on them.**

You are responsible for the proper copying and filing of documents. It is best to make copies of your documents before coming to the Courthouse to file them. The Filing Clerk may make copies of your documents if the Clerk has time; *however*, the charge for making copies is ***\$1.00 per page.***

FILLING IN, FILING AND SERVING THE FORMS

Filling In the Family Court Information Sheet

The heading on the case is the same as on your original court documents.

Print the Case No. and Dept. No. of the Order that holds the other party responsible for the medical bills. **These documents cannot be filed without the correct case number and department number.**

Print your information on the left side of the sheet.

Print the other party's information on the right side of the sheet. If you do not know the other party's information, print "Unknown" on those lines.

Print the information regarding the children involved in this case.

Do not check the last two questions. Those questions do not apply in this action.

Filling In the Motion for Reimbursement of Health Care Expenses

In the upper-left corner, print your name, address and telephone number.

The heading on the case remains the same as in your original court documents.

Carefully complete the information as instructed under each space on the following pages.

In **Section II** you must provide the amounts of the bills and payments.

Example: The total amount of all bills is \$200; health insurance paid \$100.
The **total amount due** of all bills **not** covered by insurance is \$100.
You personally paid the \$100 not covered by insurance.
The amount the other party owes **you** is **\$50**.

Complete and sign this page.

The last page of the motion is completed and **signed in front of a Notary Public**.

Exhibits to the Motion

IF YOU DO NOT INCLUDE ALL REQUIRED DOCUMENTS WITH YOUR MOTION, THE COURT MAY NOT CONSIDER YOUR MOTION AND MAY DISMISS IT.

The following four exhibits **ARE TO BE ATTACHED** to your motion to be considered.

Exhibit A: A copy of the order that requires the other party to pay for part or all of the children's medical expenses. The order may be a child support order, a decree, or a custody and visitation order.

Exhibit B: Copies of statements showing what the insurance company paid toward the health care bills. The copies may be your health care provider's statement or the insurance company's statement showing the amount the insurance company paid. If the statements are smaller than 8 ½ x 11, they must be taped to plain white paper (8 ½ x 11) so that all the pages in the motion are the same size.

Exhibit C: Copies of receipts for the amounts you have paid on the bills. These copies may be health caregiver's statements or individual receipts. If they are individual receipts, they must clearly state to whom you made the payments. If the receipts are smaller than 8 ½ x 11, they must be taped to plain white paper (8 ½ x 11) so that all the pages in the motion are the same size.

Exhibit D: An accounting (or summary) of the information from Exhibits B and C. Fill in the information in the correct boxes.

NOTE: The Court cannot consider any amounts for which you do not have receipts. Bills, statements and receipts are all required to prove your claim.

Copying and Filing the Documents

1. **Family Court Information Sheet:** No copies needed unless you wish to have one for your files. (This form is placed in the file for data purposes only and does not have to be served on the other party.)
2. **Motion for Reimbursement of Health Care Expenses and the Accounting and all Exhibits attached to the motion:** It is best to make 2 copies of this document. (1 for your files and 1 to serve on the other party.)

After copying the documents, they must be put together in “sets.” One set will be the original forms and exhibits. The two copies are to be put together in the same order as original “set.” The original and the copies are then filed with the Filing Clerk’s Office at One South Sierra Street. When you file the documents, the Filing Clerk will keep the original “set” of the documents, file-stamp the copies, and return the copies to you.

Serving the Other Party

The other party must be served with a copy of the **Motion for Reimbursement of Health Care Expenses**, with all the exhibits securely attached.

Service may be made by either first class or certified mail to the other party’s last known address, or by personal service. If an attorney represents the other party, the documents are served on the attorney.

After the other party has been served, an affidavit of service must be filled out and filed with the Court.

Filling In the Affidavit of Service

In the upper-left corner, print your name, address and telephone number.

The heading is the same as on your other court documents.

Print the name of the person serving the documents on the line where indicated.

Check the first line next to “a party in this action and am appearing in proper person” if the Plaintiff or Defendant served the documents.

Check the second line next to “a person not involved in this action” if another person, such as a friend, relative or private process server served the other party. (That friend, relative or private process server must sign the affidavit.)

Print the date the documents were mailed or personally served on the other party or the other party’s attorney.

Print the names of the documents that were mailed or personally served.

In this case, the documents would be the “Motion for Reimbursement of Health Care Expenses.”

Read the next portion of the Affidavit of Service very carefully.

Top Part - Service by Mail

If service was made by mail, check the appropriate line.
Print the name and address of the person to whom the documents were mailed.

Second Part – Personal Service

If service was personally made, check the line next to “by personally serving.”

Print the name of the person served and the address where the person was served.

Print the name of the person who served the documents.

The person who made the service must date and sign the affidavit before a Notary Public.

It is best to make 1 copy of the completed and signed affidavit.

File the original and copy of the Affidavit of Service with the Filing Clerk’s Office. The Filing Clerk will keep the original and return the file-stamped copy for your records. (If the Sheriff’s Office or a process server served the documents, that office may file the Affidavit of Service. If not, you are responsible for copying and filing the Affidavit of Service document.)

If you mailed the documents to the other party, the other party has 13 court days from the postmarked date to file a response to your motion. If the other party is personally served, they have 10 court days from the date of service to file a Response to Motion. If the parties can come to an agreement, they may sign a voluntary stipulation agreeing to the reimbursement with a plan for repayment.

IF THE OTHER PARTY AGREES TO SIGN A VOLUNTARY STIPULATION

If both parties agree on an amount owed and a payment plan, both parties can complete a Judgment and Order Upon Stipulation. This form is available through the Self-Help Center and must be signed by both parties before a Notary Public. (See packet S – 3)

After the form is completed and signed, it must be filed with the Filing Clerk’s Office. It is best to make two copies prior to filing the document so that signed copies will be available for the parties.

The Court Master or Judge will then review the form.

If the Order and Judgment is signed, it will be filed. The parties may receive their copy in the mail, or it will be available for pick-up at the Filing Clerk’s office at One South Sierra Street.

IF THE OTHER PARTY FILES A RESPONSE

If you are personally served with a response to your motion, you have **5 days from the date you were served with the response** (not counting weekends and non-judicial days) to file a reply to other party’s response.

If the other party mails a response to you, you have **8 days** (not counting weekends and non-judicial days) **from the postmark date** to file a Reply to Response.

Your Reply to Response is limited to what the other party refers to in the filed Response. You can agree or disagree with what the other party states in the Response, but no new issues are to be added to your Reply to Response. New issues should be set out in a new motion.

Filling In the Reply to Response to Motion

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the directions on the form and fill in the information as required.

This document must be signed before a Notary Public.

THE REQUEST FOR SUBMISSION MUST BE FILED WITH YOUR REPLY OR YOUR MOTION WILL NOT BE REVIEWED BY THE JUDGE.

Request for Submission

The Request for Submission directs the Filing Clerk to send your file from the Clerk's Office to the Judge or Court Master for consideration and a ruling on your Motion. The Judge, Court Master, or the Judge's Law Clerk has not yet seen your Motion or any other documents supporting the Motion.

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Complete the remainder of the page as directed.

Copying and Filing the Reply to Response and Request for Submission

After the documents are filled in and signed, it is best to make 2 copies of the Reply to Response and 2 copies of the Request for Submission.

Take the original and two copies of both documents to the Filing Clerk's Office. The Filing Clerk will keep the originals and return the file-stamped copies to you.

One copy is for your records. The other copy must be served on the other party or the other party's attorney, either by personal service or mail.

The Second Affidavit of Service

The second Affidavit of Service must be filled in and filed with the Filing Clerk after copies of the Reply to Response and Request for Submission are served either by mail or personally.

Filling in and Filing the Second Affidavit of Service

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the instructions under each space and fill in the information required.

The person who actually mailed or personally served the documents on the Other Party or the Other Party's attorney must sign the Affidavit before a Notary Public. A Notary is available at the Self-Help Center at no charge.

Copying and Filing the Second Affidavit of Service

After the Affidavit of Service is filled in, signed and notarized, it is best make 1 copy. The original and copy must be filed with the Filing Clerk at One South Sierra Street. The Clerk will keep the original and return the file-stamped copy to you for your records.

IF THE OTHER PARTY DOES NOT RESPOND TO YOUR MOTION

If the other party does not file a response to the motion, and does not enter into a voluntary Stipulation for Judgment after being served, you may proceed to the Request For Submission of your motion and Affidavit of Service. Please see the instructions above for the completion and filing of the Request for Submission and second Affidavit of Service.

You have now completed your Motion and it will be submitted to the Court for a decision. The Court may (1) file an order based upon the documents you have submitted, (2) require the filing of additional documents, (3) file an order requiring a hearing, or (4) set a hearing on your Motion. If you receive an order and do not know what to do next, contact a private attorney or seek help from the Family Court Self-Help Center. **DO NOT IGNORE A COURT ORDER.**

It is your responsibility to track your Motion. If you do not hear from the Court within 3 weeks after you file the final Affidavit of Service and Request for Submission, you may call the Filing Clerk's Office at 328-3110.

1
2 IN THE FAMILY DIVISION OF
3 THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
4 IN AND FOR THE COUNTY OF WASHOE

5 _____
Plaintiff/Petitioner,

6 vs.

7 _____
Defendant/Respondent.

FAMILY COURT INFORMATION SHEET

Case No. _____

Dept. No. _____

8 Name: _____
9 Social Security #: _____

Name: _____
Social Security #: _____

10 **IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

11 Residential Address: _____

Residential Address: _____

12 Mailing Address: _____

Mailing Address: _____

13 City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

Telephone #: (____) _____

Telephone #: (____) _____

14 Are You Employed? [] Yes [] No

Are You Employed? [] Yes [] No

Name of Employer: _____

Name of Employer: _____

15 Business Address: _____

Business Address: _____

16 City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

17 Telephone #: (____) _____

Telephone #: (____) _____

Driver's License # _____ State: _____

Driver's License # _____ State: _____

18 Date of Birth: ____/____/____

Date of Birth: ____/____/____

Ethnicity: [] White (Not Hispanic)

Ethnicity: [] White (Not Hispanic)

[] African-American [] Hispanic

[] African-American [] Hispanic

[] Asian or Pacific Islander

[] Asian or Pacific Islander

[] Native American/ Alaskan Native

[] Native American/ Alaskan Native

[] Other

[] Other

21 **CHILDREN INVOLVED IN THIS CASE**

22 Name: _____ SSN: ____/____/____ DOB: ____/____/____

Name: _____ SSN: ____/____/____ DOB: ____/____/____

23 Name: _____ SSN: ____/____/____ DOB: ____/____/____

Name: _____ SSN: ____/____/____ DOB: ____/____/____

24 Name: _____ SSN: ____/____/____ DOB: ____/____/____

25 If more than five children list their names on a separate sheet of paper and attach.

26 Does this case involve family violence? [] Yes [] No

27 Are you requesting Child Support Enforcement Services from
the District Attorney's Office (IV-D) Services? [] Yes [] No

28 **Court Personnel Only :** [] Custodial Parent [] Non- Custodial Parent

1 Code: 2490
2 Name: _____
3 Address: _____
4 Telephone No. _____
5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF Washoe County
9

10 _____ Petitioner, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Respondent.
13 _____ /

14 **MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES**

15 **I.**

16 I, _____, appearing in proper person, request that the
17 (Your Name)

18 Court enter an Order granting me reimbursement in the amount of \$ _____
19 for health care expenses for the following child(ren): (Total Amount Owed)

<u>CHILD'S NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

26 **II.**

27 _____ owes me health care expenses based upon
28 (Other Party's Name)
the Court Order.

1 The Order stating that _____ is responsible for
2 (Other Party's Name)

3 health care expenses for the minor child(ren) was entered on _____
4 (Date of Order)

5 under case number _____. The total amount of health care bills
6 (Case Number)

7 not covered by insurance is \$ _____. I have paid \$ _____
8 (Total Amount Due) (Amount You Have Paid)

9 toward that amount. There is still \$ _____ to be paid on the outstanding bills.
10 (Amount Still Owed)

11 The amount owed to me as reimbursement is \$ _____. A copy of the
12 Court Order is attached as Exhibit A. (\$Amount Other Party Owes)

13 III.

14 Copies of the payments the insurance company has made are attached as Exhibit B. Copies
15 of the receipts for the amounts that I have paid are attached as Exhibit C.

16 IV.

17 I have prepared an accounting of the health care expenses and payments, which is attached
18 as Exhibit D. This is an accurate representation of the amount that _____
19 _____ owes me for the health care expenses. (Other Party's Name)

20
21 DATED this _____ day of _____, 20____.

22
23 _____
24 (Your Signature)

25 _____
26 (Print Your Name)

1 **AFFIDAVIT IN SUPPORT OF**
2 **MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES**

3 STATE OF NEVADA)
4 COUNTY OF WASHOE) ss.

5
6 I, _____, being first duly sworn
7 under penalties of perjury, state that I have read this Motion for Reimbursement of Health Care
8 Expenses and state that the contents are true and correct of my own personal knowledge, except for
9 those things that I have stated are not of my own personal knowledge but that I only believe them to
10 be true, and as for those matters, I do believe they are true.

11 DATED this _____ day of _____, 20_____.

12
13 _____
14 (Your Signature)

15 _____
16 (Print Your Name)

17 _____
18 (Address)

19 _____
20 (City, State, Zip)

21 _____
22 (Telephone No.)

23 SUBSCRIBED and SWORN to before me
24 this _____ day of _____, 20_____.

25 _____
26 NOTARY PUBLIC
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ACCOUNTING

Name and Address of Health Care Provider	Amount of Original Bill	Balance Due After Insurance Payments or Insurance Limits	Amount You Have Paid, Including Co-Payments	Amount The Other Party Has Already Paid Toward the Bill	Amount Owed to You as Reimbursement
TOTALS:	\$	\$	\$	\$	\$

EXHIBIT D

Accounting of Health Care Costs and Payments

IN THE FAMILY DIVISION OF THE SECOND JUDICIAL DISTRICT COURT
OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

_____)	FAMILY COURT MOTION/OPPOSITION NOTICE (REQUIRED)
_____)	
vs. _____)	
_____)	
_____)	
_____)	CASE NO.
_____)	DEPT. NO.

NOTICE: THIS MOTION/OPPOSITION NOTICE MUST BE ATTACHED AS THE LAST PAGE to every motion or other paper filed pursuant to chapter 125, 125B or 125C of NRS and to any answer or response to such a motion or other paper.

A.	YES	NO
Mark the CORRECT ANSWER with an X .		
1. Has a final decree or custody order been entered in this case? If yes , then continue to Question 2. If no , you do not need to answer any other questions.		
2. Is this a motion or an opposition to a motion filed to change a final order? If yes , then continue to Question 3. If no , you do not need to answer any other questions.		
3. Is this a motion or an opposition to a motion filed only to change the amount of child support?		
4. Is this a motion or an opposition to a motion for reconsideration or a new trial <u>and</u> the motion was filed within 10 days of the Judge's Order?		
IF the answer to Question 4 is YES , write in the <u>filing date</u> found on the front page of the Judge's Order.	Date	
B. If you answered NO to either Question 1 or 2 or YES to Question 3 or 4, you are <u>exempt</u> from the \$25.00 filing fee. However, if the Court later determines you should have paid the filing fee, your motion will <u>not</u> be decided until the \$25.00 fee is paid.		

I affirm that the answers provided on this Notice are true.

Date: _____, _____ Signature: _____

Print Name: _____

Print Address: _____

Telephone Number: _____

1 Code: 3720
2 Name: _____
3 Address: _____
4 _____
5 Telephone No. _____

6 Appearing in Proper Person

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF Washoe County

10 _____ Plaintiff/Petitioner, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Defendant/Respondent.
13 _____ /

14 AFFIDAVIT OF SERVICE

15 STATE OF NEVADA)
16 COUNTY OF WASHOE) ss.

17
18 _____, being first duly sworn under penalties of perjury,
19 states as follows: (Your Name)

- 20 1. That I am: (check the appropriate blank)
21 _____ a party in this action and am appearing in proper person.
22 _____ a person not involved in this action and have no interest in this action and
23 am over the age of 18 years.

24 2. That on the _____ day of _____, 20_____, I served a true and
25 (date) (month) (year)

26 correct copy of the document(s) entitled: (Clearly list all documents you served on the other party.)
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in the following way: (check the appropriate blank, and fill in the appropriate information)

IF THE DOCUMENTS WERE SERVED BY MAIL ON THE OTHER PARTY, OR THE OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid.

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

Name: _____

Address: _____

City, State, Zip _____

that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED ON THE OTHER PARTY, OR THE OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:

_____ by personally serving:

Name: _____

At the Address: _____

City, State, Zip _____

DATED this _____ day of _____, 20_____.

(Your Signature)

(Print Your Name)

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20_____.

NOTARY PUBLIC

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Code: 3790

Name: _____

Address: _____

Telephone: _____

Appearing in Proper Person

IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

Petitioner,

Case No. _____

vs.

Dept. No. _____

Respondent.

_____ /

REPLY TO RESPONSE TO MOTION

I, _____, appearing in Proper Person, reply to
(Your Name)

the Response to Motion filed by _____ on _____
(Other Party's Name) (Date Response was filed)

Print specifically Your Reply to the Other Party's Response or opposition.

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(If you need more room you may attach additional sheets of paper. Be sure you write only on one side of the paper.)

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I _____ request a hearing on this matter.
(Do or Do Not)

If a hearing is requested, please state why you believe a hearing is necessary:

Dated this _____ day of _____, 20_____.

(Your Signature)

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AFFIDAVIT IN SUPPORT OF THE REPLY TO RESPONSE OR OPPOSITION

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, _____, being first duly sworn under penalties of perjury, state that I have read this Reply to Response or Opposition and that the contents are true and correct of my own personal knowledge, except for those matters stated therein on information and belief, and as to those matters, I believe them to be true.

Dated this _____ day of _____, 20_____.

(Print Your Name)

(Signature)

(Address)

(City State Zip Code)

(Telephone No.)

SUBSCRIBED and SWORN to before me
this _____ day of _____, 20_____.

NOTARY PUBLIC

1 Code: **3860**
2 Name: _____
3 Address: _____
4 Telephone No. _____
5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WASHOE

10 _____ Plaintiff/Petitioner, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Defendant/Respondent.
13 _____ /

14 **REQUEST FOR SUBMISSION**

15
16 _____, appearing in proper person, requests that
17 (Your Name)
18 the _____
19 (Name of document you want submitted to the Court)
20 filed on _____ in this case be submitted to the Judge
21 (Date the document was filed)
22 for consideration and determination.

23 DATED this _____ day of _____, 20____.

24 _____
(Signature)
25 _____
(Address)
26 _____
(City, State, Zip)
27 _____
(Telephone Number)
28

1 Code: 3720

2 Name: _____

3 Address: _____

4 Telephone No. _____

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF Washoe County
9

10 _____
11 Plaintiff/Petitioner,

Case No. _____

vs.

Dept. No. _____

12 _____
13 Defendant/Respondent.

14 AFFIDAVIT OF SERVICE

15 STATE OF NEVADA)
16 COUNTY OF WASHOE) ss.

17
18 _____, being first duly sworn under penalties of perjury,
19 (Your Name)
states as follows:

- 20 1. That I am: (check the appropriate blank)
21 _____ a party in this action and am appearing in proper person.
22 _____ a person not involved in this action and have no interest in this action and
23 am over the age of 18 years.

24 2. That on the _____ day of _____, 20_____, I served a true and
25 (date) (month) (year)

26 correct copy of the document(s) entitled: (Clearly list all documents you served on the other party.)
27 _____
28 _____

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in the following way: (check the appropriate blank, and fill in the appropriate information)

IF THE DOCUMENTS WERE SERVED BY MAIL ON THE OTHER PARTY, OR THE OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid.

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

Name: _____

Address: _____

City, State, Zip _____

that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED ON THE OTHER PARTY, OR THE OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:

_____ by personally serving:

Name: _____

At the Address: _____

City, State, Zip _____

DATED this _____ day of _____, 20_____.

(Your Signature)

(Print Your Name)

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20_____.

NOTARY PUBLIC