

Please read directions completely

Pro Se Motion For Reimbursement of Medical/Dental Expenses

1. Fill out completely: Typed or printed legibly
 - a. Motion and Notice of Hearing
 - b. Request and Service Instructions Form, one for each party to be served (opposing party and attorney of record)
2. Obtain hearing date and time: Upon completion of all forms, please bring forms to the Johnson County Courthouse Room 335, 3rd Floor, Hearing Office to obtain a hearing date and time before filing your forms with the Clerk of the Court. If you live out of state, contact our office regarding a hearing date, call 913-715-3668 or 913-715-3669.
3. If service is by regular mail or certified mail that you are completing: File original and three copies of forms (a) and (b).
4. If service is to be completed by Johnson County Sheriff (or other county/state): File original and two copies of forms (a) and (b).
5. The Hearing Office-Room 335, third floor of the Courthouse must receive a copy of all paperwork filed with the Clerk of the District Court. Service must be completed at least five days prior to hearing date (excluding weekends and holidays), add three days if service by mail.

Clerk of the District Court will file stamp all copies and keep the originals
Clerk of the District Court is open Monday-Friday, 8:00-5:00
100 North Kansas Avenue
2nd floor, Courthouse
Olathe, Kansas 66061

Service Methods:

1. **Service by US Mail**-Postage pre-paid, to opposing parties at last known address by the undersigned pro se litigant.
2. **Certified mail service by the undersigned Pro Se Litigant** - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.
3. **Personal service by the Johnson County Sheriff's Office** - party to be served must live/work in Johnson County Kansas. The Clerk of the District Court will issue the paperwork to the Sheriff's Office.
4. **Certified mail service by Johnson County Kansas Sheriff's Office** -party to be served must live/work in the State of Kansas. The Clerk of the District Court will issue the paperwork to the Sheriff's Office.
5. **Service by Sheriff's Office (outside the State of Kansas)** - You will need to call the Sheriff's office in the county where you want service completed and find out the cost of civil service of paperwork. A personal check/money order must accompany your paperwork at the time of filing, made out to that Sheriff's Office. The Clerk of the District Court will then issue the paperwork and personal check/money order to that Sheriff's Office.

It is up to you to get the correct papers filed, and proper service completed, in order for your case to go forward on its assigned hearing date and time. Be advised, the Hearing Officer can dismiss the motion for lack of proof of service.

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

MOTION FOR REIMBURSEMENT OF MEDICAL/DENTAL/OTHER EXPENSES

Comes now the (Petitioner/Respondent) and moves the Court to grant Judgment against the (Petitioner/Respondent) for reimbursement of medical/dental expenses.

I am requesting judgment be granted in the amount of \$ _____ against the (Petitioner/Respondent) for the Petitioner/Respondent's share paid medical/dental expenses. Thereafter, judgment, if granted, to be paid through the Kansas Payment Center and enforced by the District Court Trustee's office.

The (Petitioner/Respondent) has already been given a copy of the paid expense, along with a receipt for payment of their portion of the medical/dental expenses. Such payment has not been fulfilled in its entirety.

WHEREFORE, the (Petitioner/Respondent) moves the court for a judgment for paid medical/dental expenses.

NOTICE OF HEARING

Please take notice that the above motion has been set for hearing before the Hearing Office at the Johnson County Courthouse, 100 N. Kansas Avenue, 3rd floor, Room **334/336**, Olathe, Kansas 66061, 913-715-3668/3669.

Date: _____

Time: _____

Signed By

Address: _____

e-mail address:

Phone #:

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

Hearing Room 334/336

REQUEST AND SERVICE INSTRUCTION FORM

To: Clerk of the District Court-the following forms are filed herewith for service:

(check all applicable forms to be served)

Motion for Medical/Dental Reimbursement and Notice of Hearing

Other _____

Notice of Hearing

Name of person to be served: _____

Address for service is: _____

Service is requested by one of the following methods:

Service by US Mail-postage pre-paid, to opposing parties at last known address by undersigned pro se litigant.

Certified mail service by the undersigned pro se litigant, who understands that the responsibility for obtaining service shall be their own. The return of service (green card) must be filed with the Clerk of the District Court prior to hearing date.

Personal service by the Sheriff of Johnson County, Kansas (party to be served, must live or work in Johnson County, Kansas).

Certified mail service by the Sheriff of Johnson County, Kansas (party to be served, must live or work in the State of Kansas).

Personal service (other than Johnson County) through the Office of the Sheriff of _____ County, State of _____
(personal check/money order made payable to that Sheriff's office must accompany paperwork).

Signed By

Address: _____

e-mail address: _____

Phone #: _____

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

RETURN OF SERVICE FOR CERTIFIED MAIL

STATE OF KANSAS COUNTY OF JOHNSON

The undersigned pro se litigant being duly sworn, states: I have served a Motion for Reimbursement medical/dental expenses on the Petitioner Respondent Attorney on record and the following Return for Receipt of Service was served by certified mail on _____ (date) at the time and place listed on the attached green card.

When you receive the signed green card from the Petitioner/Respondent/attorney of record, tape it here and file this form with the Clerk of the District Court Office prior to hearing.

Signed By

Subscribed and sworn to before me on this _____ day of _____, 20_____

My appointment expires: _____ Notary Public _____