Name of Child: _____ Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.** The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

Date of Treatment	Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided	Total Bill	Date Bill Sent to Other Party	Amount Insurance Paid	Amount You Paid	Amount Paid by Other Party	Amount of Unpaid Bill	Amount Due from Other Party

Total Amount of Claim $ _____

_____ _____
Your Signature Date

Supreme Court of Ohio
Uniform Domestic Relations Form 29
Uniform Juvenile Form 8
Explanation of Health Care Bills
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Amended: September 21, 2020

Print Form