

IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA.

Case No.: _____

_____,
Petitioner
and

Bar Code Label

_____,
Respondent

MOTION FOR HEALTH INSURANCE COVERAGE

1. On {date} _____, 20____, this Court ordered the child(ren)'s [**v one** only] [] father or [] mother to provide health insurance coverage for the following child(ren):

Name	Date of Birth	Age	Sex	Social Security No.
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____

2. Notice to [**v one** only] [] Petitioner or [] Respondent:

[**v one** only]

[] a. On _____, 20____, which is at least 15 days before filing this application, I gave written notice of my intent to seek this order to _____ by [**v one** only] ___certified mail ___personal service.

[] b. The requirement of written notice has been waived by the other party.

3. I ask the Court to order the employer, or other person providing health insurance coverage, to enroll or maintain the child(ren) on any health insurance coverage available to [] father [] mother.

I CERTIFY THAT THE MOTION FOR HEALTH INSURANCE COVERAGE WAS:

[**v one** only] ___mailed, ___telefaxed and mailed, or ___hand delivered to the person(s) listed below on {date} _____, 20____.

Party or their attorney (if represented)
Name _____
Address _____

City State Zip

Other
Name _____
Address _____

City State Zip

DATED: _____

Signature of party signing certificate and pleading

Printed name _____
Address _____

City State Zip
Telephone number _____
(area code and number)

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM TO GIVE TO THE JUDGE TO SIGN, THE NONLAWYER WHO HELPED YOU MUST FILL IN THE BLANKS BELOW: [ fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{Petitioner's name}* _____,
_____, who [v **one** only] _____petitioner **or** _____ respondent,

fill out this form.