

Phone:

Fax:

Plaintiff Name:
Defendant Name:
Docket Number:
PACSES Case Number:
Other State ID Number:

Please note: All correspondence must include the PACSES Case Number.

Health Insurance Coverage Information Required by Court

This form must be completed and returned to the Domestic Relations Section within ten (10) days of the date on this notice. IF YOU FAIL TO PROVIDE THE INFORMATION REQUESTED, THE COURT MAY FIND THAT YOU ARE IN CONTEMPT OF COURT.

Do you provide insurance coverage for the dependents named below? (Check each type of insurance which you provide).

Full Name	SSN	Type of Coverage					
		Hospital- ization	Medical	Dental	Eye	Prescrip- tion	Other
_____	_____	()	()	()	()	()	()
_____	_____	()	()	()	()	()	()
_____	_____	()	()	()	()	()	()
_____	_____	()	()	()	()	()	()
_____	_____	()	()	()	()	()	()
_____	_____	()	()	()	()	()	()

Provide the following information for all types of insurance you maintain, whether or not any of the above-named dependents is covered at this time:

Insurance company (provider): _____
Address _____ City _____ State _____ Zip _____
Group #: _____ Plan #: _____ Policy #: _____
Effective coverage date: _____ Type of Coverage: _____
Cost of coverage for dependents: _____

Insurance company (provider): _____
Address _____ City _____ State _____ Zip _____
Group #: _____ Plan #: _____ Policy #: _____
Effective coverage date: _____ Type of Coverage: _____
Cost of coverage for dependents: _____

Insurance company (provider): _____
Address _____ City _____ State _____ Zip _____
Group #: _____ Plan #: _____ Policy #: _____
Effective coverage date: _____ Type of Coverage: _____
Cost of coverage for dependents: _____

Insurance company (provider): _____
Address _____ City _____ State _____ Zip _____
Group #: _____ Plan #: _____ Policy #: _____
Effective coverage date: _____ Type of Coverage: _____
Cost of coverage for dependents: _____

If the above-named dependents are not currently covered by insurance, please state the earliest date coverage could be provided _____

Sincerely,