



Child Support Program

CS-EF205
Rule 12E-1.031
Florida Administrative Code
Effective 04/05/16

Statement of Expenses Not Covered by Insurance

Child Support Case Number: <<CSE case number>>
Depository Number: <<depository number>>
Other Parent: <<NCP first name, middle initial, last name, suffix>>

I, _____, state:
Your Name (print)

1. I have paid \$_____ in medical expenses not covered by insurance for

Name of the child(ren)

whom the other parent has been ordered to support.

- 2. The other parent is ordered to pay <<NCP noncovered medical expense % obligation>>percent of the child(ren)'s medical expenses not covered by insurance. The other parent has not paid all or part of the child(ren)'s medical expenses not covered by insurance as ordered.
3. The other parent has paid \$_____ of the medical expenses.
4. The other parent still owes \$_____ of the medical expenses.

Signature

Your name (print)

Boxed date input fields

Date

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