

## **AFFIDAVIT OF EXPENSES**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Case number

I \_\_\_\_\_ declare that health care expenses  
(print your name here)  
incurred on behalf of the minor child(ren) have exceeded \$\_\_\_\_\_ which is the  
amount designated as "ordinary medical expenses". I have presented copies of these  
expenses to the other party.

I declare that the above statements are true and correct to the best of my information,  
knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**LIST THE EXPENSES ON THE BACK OF THIS PAGE.**