

[DATE LETTER SENT]

Name _____

Address _____

City, State and Zip Code _____

Re: In the Interest of _____ child(ren)
Cause No.: _____

Dear _____:

As you are aware, the parent-child order requires that you reimburse me _____ % of all uninsured medical expenses.

I am enclosing copies of uninsured medical expense which I have paid during the period as listed in the attached medical expense form. As you will see from the enclosed Spreadsheet for Out-Of-Pocket Medical Expense, your share of the expenses is \$ _____ and is due within _____ days of the date of this letter.

Please remit payment to me through the El Paso County Domestic Relations Office, 500 E. San Antonio, RM. LL-108, El Paso, Texas 79901, together with a copy of this letter. Your payment must be sent via check, cashier's check or money order. Please make your payment payable to me.

Thank you for your cooperation in this matter.

Sincerely,

Address: _____
