

[DATE]

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 expenses which I have paid during the
period of _____ to _____. As you will see from the
enclosed Medical Expense Log, your share of the expenses is \$ _____
and is due within 30 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.

Thank you for your cooperation in this matter.

Sincerely,

Address _____
