

NO. _____

IN THE MATTER OF
THE MARRIAGE OF

PETITIONER
AND
RESPONDENT

AND IN THE INTEREST OF
CHILD, A CHILD

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IN THE DISTRICT COURT

____ JUDICIAL DISTRICT

_____ COUNTY, TEXAS

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by Petitioner, Petitioner, in accordance with section 154.181 of the Texas Family Code.

1. *Child*

The following child is the subject of this suit:

Name: **Child**

Birth date:

Social Security number:

2. *Health Insurance Availability*

Private health insurance is in effect for the child, Child.

Name of insurance company:

Policy number:

Party responsible for premium: Petitioner

Monthly cost of premium: \$

The insurance coverage is provided through a parent's employment.

Name of insurance company:

Policy number:

Party responsible for premium: Respondent

Monthly cost of premium: \$

The insurance coverage is provided through a parent's employment.

Name of insurance company:

Policy number:

Party responsible for premium: Petitioner

Monthly cost of premium: \$

The insurance coverage is not provided through a parent's employment.

The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

The child is receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code. The cost of the premium is \$ _____.

Date: _____.

Petitioner