

No: \_\_\_\_\_

IN THE INTEREST OF

§  
§  
§  
§  
§

IN THE DISTRICT COURT

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
CHILDREN

\_\_\_\_\_ COUNTY, TEXAS

HEALTH INSURANCE AVAILABILITY FORM

- a. Name of Insurance company:
- b. Group Policy ID Number:
- c. Policy Holder Name and ID number:
- d. Name of child covered:
- e. Cost of premium (for children)
- f. Are you paying the premiums?      \_\_\_ No      \_\_\_ Yes

\_\_\_\_\_

\_\_\_\_\_  
Date

**This form is for use in cases involving minor children.**