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ELKO PROGRAM AREA OFFICE

Lincoln County - NV

Leslie Boucher - Recorder

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RECORDING REQUESTED BY AND RETURN TO:

**ELKO PROGRAM AREA OFFICE
CHILD SUPPORT ENFORCEMENT
1020 RUBY VISTA DR, #101
ELKO, NV 89801**

DEFAULT JUDGMENT OF CHILD SUPPORT AND ORDER

***This is a cover page that only the Lincoln County Recorders Office will use to record the above named document. Do not file stamp this cover sheet. Only attach this form to the front of the Order and Notice of Entry of Order form that will be given to the recorders office.**



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Case No. CV 1049005

FILED

2006 JAN 30 P 12: 16

SHARLENE HOGAN
JUDICIAL CLERK

IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE
OF NEVADA IN AND FOR THE COUNTY OF LINCOLN

STATE OF NEVADA, by and through the
WELFARE AND SUPPORTIVE SERVICES DIVISION
OF THE DEPARTMENT OF HEALTH AND
HUMAN SERVICES, and
CATHERINE SPORTSMAN,

Petitioner/Obligee,

DEFAULT JUDGMENT OF
CHILD SUPPORT AND ORDER

vs.

AZELL MEADER,

Respondent/Obligor.

The Court having found that the Respondent was properly served on October 20, 2005, and having found that the Respondent has failed to respond as required by law, finds as follows:

1. (X) The custodian of the following child/ren has named the Respondent as the father of said child/ren:

<u>NAME</u>	<u>DOB</u>
BRANDON SMALLS	07/21/01
BRANDY SMALLS	07/21/01

2. (X) The Respondent has a duty to support the above named child/ren in the amount of \$715.00 per month.

3. () The Respondent owes \$* per month for spousal support through **/**/**.

4. () The Respondent owes \$* for genetic test costs.



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- 5. (X) The Respondent owes \$8580.00 from 01/01/05 through 12/31/05 and \$50.00 is a reasonable monthly payment on those arrears.
- 6. (X) The Respondent shall maintain health insurance coverage for the child/ren when available through employment.

THEREFORE, IT IS HEREBY ORDERED THAT:

- 1. (X) The Default of the Respondent is hereby entered and ordered.
- 2. (X) The Respondent is the parent of

<u>NAME</u>	<u>DOB</u>
BRANDON SMALLS	07/21/01
BRANDY SMALLS	07/21/01

- 3. (X) The Respondent will pay \$715.00 per month for child support beginning 01/01/2006.
- 4. () The Respondent will pay \$* per month for spousal support.
- 5. () The Respondent owes \$* representing the cost of genetic testing.
- 6. (X) The Respondent owes \$8580.00 representing child support arrears from 01/01/05 through 12/31/05 and will pay \$50.00 per month on said arrears.
- 7. (X) The Respondent shall secure and maintain medical insurance on behalf of the above named child/ren if available through an employer.
- 8. (X) An income withholding shall be issued immediately.
- 9. () It is further ordered that a financial review be held on **/**/**.
- 10. (X) PURSUANT TO NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications.
- 11. (X) All property is subject to actions for collections including, but not limited to, garnishments, liens, and the attaching of federal income tax returns.



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- 12. (X) All payments must be payable and forwarded to: STATE COLLECTION AND DISBURSEMENT UNIT (SCADU) PO BOX 98950, LAS VEGAS, NEVADA 89193-8950. Case #658886000A should be noted clearly on the face of the payment. PERSONAL CHECKS WILL NOT BE ACCEPTED.
- 13. (X) The Respondent is responsible for notifying the District Attorney, Family Support Division, within ten (10) days of any change of address or employment.
- 14. () The State of Nevada has the right to recover outstanding medical costs which have not yet been determined.
- 15. (X) Effective January 1, 2004, simple interest will accrue on all unpaid child support balances for cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a judgment of the court prior to January 1, 2004, will be enforced.

A 10% penalty will be assessed on each unpaid installment of an obligation to pay support for a child, pursuant to NRS 125B.095.

If you pay your child support through income withholding and your full obligation is not met by the amount withheld by your employer, you are responsible to pay the difference between your court ordered obligation and the amount withheld by your employer directly to the state disbursement unit. If you fail to do so you will be subject to the assessment of penalties and interest.

You may avoid this penalty by making your current child support payments each month.

IT IS SO ORDERED.

Dated: January 27, 2006

DISTRICT JUDGE

This document to which this certificate is attached is a full, true and correct copy of the original, on file and record in the County Clerks Office, Pioche Nevada.

In witness whereof, I have hereunto set my hand and affixed the Seal of the Seventh Judicial District Court in and for the County of Lincoln, State of Nevada, this 14th day of December 2007

Clerk

Deputy Clerk