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Official Record

Recording requested By CHILD SUPPORT ENFORCEMENT PROGRAM

Lincoln County - NV Leslie Boucher - Recorder

Fee RPTT:

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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

ORDER AFFIRMING COURT MASTER'S RECOMMENDATION

\*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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ľ for penalties on child support arrears in the amount of \$89.10 from June 1, 2008 through September 30, 2008. 2 3.  $(\mathbf{x})$ The Obligor shall temporarily pay \$297.00 per month in ongoing support 3 beginning October 1, 2008 and on the same day each month thereafter until further order of this Court. 4 All payments MUST be in the form of a cashier's check or money order ONLY. Effective 5 August 1, 2000, all child support payments must be payable to State Collection and Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV 89193-8950. 6 7 NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO THE OBLIGEE OR THE CHILDREN. 8 Additionally, the Obligor MUST place his/her social security number on each payment. 9 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. 10 11 A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an 12 obligation to pay support for a child, pursuant to NRS 125B.095. 13 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 14 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 15 penalties and interest. YOU MAY AVOID THESE ADDITIONAL COSTS BY MAKING YOUR CURRENT 16 CHILD SUPPORT PAYMENTS EACH MONTH. 17 The Obligor shall provide health insurance, including medical, dental, orthodontic (x)18 and ophthalmological coverage for the children as available through her employment, including any group health plan(s) under ERISA, from the date of 19 this order on and until said children are / is no longer eligible for said coverage, and both parties shall cooperate and provide assistance in obtaining payment for 20 health care services. You are required to notify the Child Support Enforcement Office when health insurance coverage is available or has been terminated. 21 5. (x)The Obligor shall pay health care expenses, including medical, dental, 22 orthodontic, and ophthalmological services for the children as follows: one half of all costs not covered by insurance, upon being provided by Obligee with 23 adequate documentation/billing regarding said expenses and any EOB or other insurance payment documentation. 24 6. The Obligor shall notify the State Child Support Office or the District Attorney's  $(\mathbf{x})$ 25 Child Support Office of any change of address or employment within ten (10) days. 26 A wage/income withholding shall be issued starting immediately. 7. 27 28

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