DOC # 0134093

08/10/2009

04:26 PM

Official Record

Recording requested By ELKO PROGRAM AREA OFFICE

Lincoln County - NV Leslie Boucher - Recorder

Fee:

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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 RECOMMENDATIONS

\*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.

March 31, 2000

and on the same day each month thereafter until further order of this Court.

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\$40.00 a month starting April 1, 2009 until paid in full.

A Judgment is entered against Obligor for child support arrears in the amount of \$442.50 from September 1, 2008 through March 31, 2009. This shall be paid at

The Obligor shall pay \$604.00 per month in ongoing support beginning April 1, 2009

Joshua Canfield

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All payments MUST be in the form of a cashier's check or money order ONLY. Effective 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.

NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO THE OBLIGEE OR THE CHILD.

Additionally, the Obligor MUST place his/her social security number on each payment.

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, or portion thereof, 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 THESE ADDITIONAL COSTS BY MAKING YOUR CURRENT CHILD SUPPORT PAYMENTS EACH MONTH.

- 4. (x) The Obligor shall provide health insurance, including medical, dental, orthodontic and ophthalmological coverage for the child as available through her employment, including any group health plan(s) under ERISA, from the date of this order on and until said child is no longer eligible for said coverage, and both parties shall cooperate and provide assistance in obtaining payment for health care services. You are required to notify the Child Support Enforcement Office when health insurance coverage is available or has been terminated.
- 5. (x) The Obligor shall pay health care expenses, including medical, dental, orthodontic, and ophthalmological services for the child as follows: one half of all costs not covered by insurance, upon being provided by Obligee with adequate documentation/billing regarding said expenses and any EOB or other insurance payment documentation.
- 6. (x) The Obligor shall notify the State Child Support Office or the District Attorney's Child Support Office of any change of address or employment within ten (10) days.
- 7. (x) A wage/income withholding shall be issued starting immediately.
- 8. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications.
- 9. Unless a stay of this Order is obtained from District Court, all enforcement procedures including, but not limited to wage withholding, garnishment, liens and the attachment of federal income tax returns will be undertaken upon entry of this Order.
- 27 10. If any determination of paternity in this Order is at variance with the child's birth certificate

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1	issued in this state, a new birth certificate is to be issued pursuant to NRS 440.325.
2	11. The parties shall fill out the attached Court Information Sheet and mail the same to the Nevada State Welfare Division Child Support Enforcement 3120 Fast Desert Inn Road Las
3	Nevada State Welfare Division Child Support Enforcement, 3120 East Desert Inn Road, Las Vegas, NV 89121-3857 for filing with the court within ten (10) days from the date of this Order. The parties shall update this form within ten (10) days of it becoming inaccurate.
4	SO ORDERED this _ \( \frac{\zeta}{2} \) day of May, 2009.
5	So Stabilized and S and of May, 2009.
6	Dan L. Jose
7	DISTRICT JUDGE SEVENTH JUDICIAL DISTRICT COURT
8	SEVENITION DISTRICT COOKY
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21 22	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, Pinch!
23	Nevada.
24	In witness whereof, I have hereinto set my hand and affixed the Seal of the Seventh Judicial District Court in and for the County of Lincoln, State of Nevada, this 20 day of 20 0 0
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27	Deputy Clark
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