

**DOC # 0134262**

09/14/2009

03:07 PM

**Official Record**

Recording requested By  
CHILD SUPPORT ENFORCEMENT

**Lincoln County - NV**

**Leslie Boucher - Recorder**

Fee: Page 1 of 5

RPTT: Recorded By: DP

Book- 251 Page- 0049



0134262

**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.**

RECEIVED

MAY 20 2009

FILED

2009 JUL -6 PM 2:13

Per 1 FILE NO: CV-1244008

2 DEPT. NO:

LINCOLN COUNTY CLERK  
*[Signature]*

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

-oOo-

7 STATE OF NEVADA CHILD SUPPORT  
8 ENFORCEMENT PROGRAM and  
9 GINGER COSTIGAN fka GINGER  
REYNOLDS

10 Obligee

ORDER AFFIRMING COURT  
MASTER'S RECOMMENDATION

11 vs

12 MICHAEL REYNOLDS,  
13 Obligor

14 THE COURT having reviewed the Master's Recommendation  
15 prepared by the Court Master on MAY 20TH, 2009, and,  
16

17 ~~No~~ No timely objection having been filed hereto.

18 ~~The~~ The Court, having received the objection(s)  
19 thereto, as well as any other papers, testimony and argument  
20 related thereto, and good cause appearing.

21 IT IS HEREBY ORDERED that the Master's Findings and  
22 Recommendations are affirmed and adopted.

23 IT IS THEREFORE ORDERED AS FOLLOWS:

24 1. (x) The Obligor is the parent of the following  
25  
26

1 child(ren):           **NAME (S)**   **DOB (S)**

2                               Miles Reynolds                                       7-25-95

3                               John Reynolds   7-25-96

4           2. (x) A judgment of support arrears is entered in favor  
5 of the Obligee and against the Obligor in the amount of  
6 \$ 44.64 from 11-1-08 through 4-30, 2009. Obligor is to  
7 pay \$ 20.00 per month beginning 5-1, 2009 and also  
8 continuing each and every month thereafter until paid in full.

9           3.(x) The Obligor shall pay \$ 861.00 per month as and  
10 for ongoing child support, beginning 5-1, 2009.

11 **ALL PAYMENTS NOT COLLECTED BY INCOME WITHHOLDING SHALL BE MADE**  
12 **BY MONEY ORDER, CASHIER'S CHECK, ONLY, PAYABLE TO "SCaDU".**  
13 **PERSONAL CHECKS WILL NOT BE ACCEPTED. NO CREDIT WILL BE GIVEN**  
14 **FOR PAYMENTS PAID DIRECTLY TO THE OBLIGEE. ALL SUCH PAYMENTS**  
15 **SHALL CONTAIN THE OBLIGOR'S NAME (PAYOR), OBLIGOR'S SOCIAL**  
16 **SECURITY NUMBER, ALL SUCH SHALL BE PAYABLE AND MUST BE**  
17 **DELIVERED BY THE OBLIGOR TO:**

18   **STATE COLLECTION AND DISBURSEMENT UNIT**  
19   **(SCaDU)**  
20   **PO BOX 98950**  
21   **LAS VEGAS, NV 89193-8950**

22           Effective January 1, 2004, simple interest upon the amount  
23 of the judgment for arrears shall accrue at the rate set by NRS  
24 99.040 for cases with a Nevada controlling order. Interest  
25 assessed by a judgment of the court prior to January 1, 2004  
26 will be enforced.

27           A 10% penalty may be assessed on each unpaid installment,  
28 or portion thereof, of an obligation to pay support for a  
29 child, pursuant to NRS 125B.095.

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



1           **YOU MAY AVOID THESE ADDITIONAL COSTS BY MAKING YOUR**  
2           **CURRENT CHILD SUPPORT PAYMENTS EACH MONTH.**

3           4. (x) The Obligor shall provide health insurance coverage  
4 for the child(ren), including medical, dental, orthodontic and  
5 ophthalmological coverage as available through his employment,  
6 including any group health plan(s) under ERISA, from the date  
7 of this order on and until said child/ren are / is no longer  
8 eligible for said coverage, and both parties shall cooperate  
9 and provide assistance in obtaining payment for health care  
10 services. You are required to notify the Child Support  
11 Enforcement Office when health insurance coverage is available  
12 or has been terminated.

13           5. (x) Pursuant to NRS 125B.080.7, expenses for health  
14 care which are not reimbursed through insurance, including  
15 expenses for medical, surgical, dental, orthodontic and optical  
16 expenses, must be borne equally by both parents upon the parent  
17 providing adequate documentation regarding said expenses.

18           6. (x) The Obligor shall notify the State Child Support  
19 Office of any change of address, change in employment or change  
20 in the availability of health insurance coverage within ten  
21 (10) days of such coverage.

22           7. (x) A mandatory wage withholding shall be initiated  
23 against the Obligor's wages or commissions immediately.

24           8. Pursuant to NRS 125B.145, this Order must be reviewed  
25  
26



1 every three years, upon the request of either party, and is  
2 subject to modification or review and adjustment as provided by  
3 law.

4 9. Unless a stay of this Order is obtained from the  
5 District Court, all enforcement procedures, including but not  
6 limited to wage withholding, garnishment, liens and the  
7 interception of Federal Income tax refunds, will be undertaken  
8 upon entry of this Order.

9 10. If any determination of paternity in this Order is at  
10 variance with the child/ren's birth certificate issued in this  
11 state, a new birth certificate is to be issued pursuant to NRS  
12 440.325.

13 11. The Obligor shall keep his caseworker informed as  
14 to the location of the children.  
15

16  
17 SO ORDERED this 1<sup>st</sup> day of July, 2009

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, Pieter 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 4<sup>th</sup> day of September 20 09

Clerk

Deputy Clerk