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Official Record

Recording requested By
STATE OF NEVADA CHILD SUPPORT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: Page 1 of 6

RPTT: Recorded By: AE

Book- 253 Page- 0259



0135038

RECORDING REQUESTED BY AND RETURN TO:

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

ORDER AND NOTICE OF ENTRY OF 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. DR-UI-08-1000
DEPT. NO. 2

FILED

2009 DEC 23 A 9:41

ELKO CO DISTRICT COURT

CLERK _____ DEPUTY _____

**FOURTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF ELKO
FAMILY DIVISION**

DIVISION OF WELFARE AND
SUPPORTIVE SERVICES, and
JESSAMIN SMITH,

**ORDER AND NOTICE
OF ENTRY OF ORDER**

Obligee,

vs.

STEVEN SMITH,

Obligor.

The Court, having reviewed the Master's Recommendation prepared by the Court Master on November 24, 2009, and,

- (x) No timely objection having been filed hereto.
- () The Court, having received the objection(s) thereto, as well as any other papers, testimony and argument related thereto, and good cause appearing.

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

IT IS THEREFORE ORDERED AS FOLLOWS:

1. (x) The Obligor is the parent of the following children:

<u>NAME</u>	<u>D.O.B.</u>
Joey Smith	December 10, 2006
Shawn Smith	October 8, 2008
2. (x) All arrears owing through October 31, 2009 are hereby WAIVED by agreement of the Obligee.
3. (x) The Obligor shall pay \$813.66 per month in ongoing support beginning November 1, 2009 and on the same day each month thereafter until further order of this Court.

1 All payments **MUST** be in the form of a cashier's check or money order **ONLY**. Effective
2 August 1, 2000, all child support payments must be payable to State Collection and
3 Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV
4 89193-8950.

5 **NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY**
6 **TO THE OBLIGEE OR THE CHILDREN.**

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

8 Effective January 1, 2004, simple interest will accrue on all unpaid child support balances
9 for cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
10 judgment of the court prior to January 1, 2004 will be enforced.

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
14 met by the amount withheld by your employer, you are responsible to pay the difference
15 between your court ordered obligation and the amount withheld by your employer directly
16 to the state disbursement unit. If you fail to do so you will be subject to the assessment of
17 penalties and interest.

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

20 4. (x) The Obligor shall provide health insurance, including medical, dental, orthodontic
21 and ophthalmological coverage for the children as available through his
22 employment, including any group health plan(s) under ERISA, from the date of
23 this order on and until said children are no longer eligible for said coverage, and
24 both parties shall cooperate and provide assistance in obtaining payment for health
25 care services. You are required to notify the Child Support Enforcement Office
26 when health insurance coverage is available or has been terminated.

27 Last known mailing address of Obligor: P.O. Box 714
28 Battle Mountain, NV 89820

Last known mailing address of children: c/o Nevada State Welfare Division

5. (x) The Obligor shall pay health care expenses, including medical, dental,
orthodontic, and ophthalmological services for the children 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



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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.

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

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 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.

SO ORDERED this 21 day of December, 2009.

HON. ANDREW J. PUCCINELLI
DISTRICT JUDGE
FOURTH JUDICIAL DISTRICT COURT

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE
31 day of Dec, 2009
Win Smith
CLERK

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NOTICE OF ENTRY OF ORDER

TO: STEVEN SMITH, Obligor; and

TO: NEVADA STATE WELFARE DIVISION CHILD SUPPORT ENFORCEMENT and
JESSAMIN SMITH, Obligee; and

YOU, AND EACH OF YOU, PLEASE TAKE NOTICE that on the 23rd day of
December, 2009, the ORDER set forth above, was entered and filed in the records of the Clerk of
the above-entitled Court.

DATED: December 23rd, 2009.

Amanda Turk
COURT STAFF
FOURTH JUDICIAL DISTRICT COURT



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CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the Fourth Judicial District Court, and that on this 23rd day of December, 2009, I personally hand delivered a true file stamped copy of the foregoing Order to:

Tammy Hagan, Caseworker
Nevada State Welfare Division
Child Support Enforcement
1020 Ruby Vista Drive #101
Elko, NV 89801
[Box in Clerk's Office]

JESSAMIN SMITH
c/o Nevada State Welfare Division
Child Support Enforcement
1020 Ruby Vista Drive #101
Elko, NV 89801
[Box in Clerk's Office]

Ammanda Peck

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am an employee of the Fourth Judicial District Court, and that on this 23rd day of December, 2009, I deposited for mailing in the U.S. Mail at Elko, Nevada, postage prepaid, a true and correct file stamped copy of the foregoing Order addressed as follows:

STEVEN SMITH
P.O. Box 714
Battle Mountain, NV 89820

Ammanda Peck