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Official Record

Recording requested By
CHILD SUPPORT ENFORCEMENT PROGRAM

Lincoln County - NV

Leslie Boucher - Recorder

Fee
RPTT
Book- 253 Page- 0351

Page 1 of 7
Recorded By: AE



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.**



1 4. (x) The Obligor shall pay \$100.00 per month in ongoing support beginning November 1,
2 2009 and on the same day each month thereafter until further order of this Court.

3 **All payments MUST be in the form of a cashier's check or money order ONLY. Effective**
4 **August 1, 2000, all child support payments must be payable to State Collection and**
5 **Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV 89193-**
6 **8950.**

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

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

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

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

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

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

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

1 6. (x) The Obligor shall pay health care expenses, including medical, dental, orthodontic,
2 and ophthalmological services for the child as follows: one half of all costs not
3 covered by insurance, upon being provided by Obligee with adequate
4 documentation/billing regarding said expenses and any EOB or other insurance
5 payment documentation.

6 7. (x) The Obligor shall notify the State Child Support Office or the District Attorney's
7 Child Support Office of any change of address or employment within ten (10) days.

8 8. (x) A wage/income withholding shall be issued starting immediately.

9 9. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject
10 to future modifications.

11 10. Unless a stay of this Order is obtained from District Court, all enforcement procedures
12 including, but not limited to wage withholding, garnishment, liens and the attachment of
13 federal income tax returns will be undertaken upon entry of this Order.



- 1 11. If any determination of paternity in this Order is at variance with the child's birth certificate
- 2 issued in this state, a new birth certificate is to be issued pursuant to NRS 440.325.
- 3 12. The parties shall fill out the attached Court Information Sheet and mail the same to the
- 4 Nevada State Welfare Division Child Support Enforcement, 3120 East Desert Inn Road, Las
- 5 Vegas, NV 89121-3857 for filing with the court within ten (10) days from the date of this
- 6 Order. The parties shall update this form within ten (10) days of it becoming inaccurate.

SO ORDERED this 11 day of December, 2009.

DISTRICT JUDGE
SEVENTH JUDICIAL DISTRICT COURT

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 4th day of January 2010

Clerk
J. Seewens

Deputy Clerk

1 CASE NO. CV-0938009

2 DEPT. NO.

2009 DEC 11 PM 2:05

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4 SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
5 IN AND FOR THE COUNTY OF LINCOLN
6

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8 DIVISION OF WELFARE AND SUPPORTIVE
9 SERVICES and
10 APRIL LYNN SETTLES,

ORDER APPROVING COURT
MASTER'S RECOMMENDATIONS

11 Obligee,

12 vs.

13 JAMES LEO SMITH,

14 Obligor.

15 The Court, having reviewed the Master's Recommendation prepared by the Court Master on
16 November 23, 2009, and,

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

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

21 **IT IS THEREFORE ORDERED AS FOLLOWS:**

- 22 1. (x) The Obligor is the parent of the following child:
23

<u>NAME</u>	<u>D.O.B.</u>
Jayden Alan Cousino	June 26, 2009

24 2. (x) A Judgment is entered against Obligor for child support arrears in the amount of
25 \$500.00 from June 1, 2009 through October 31, 2009. This shall be paid at \$40.00
26 a month starting November 1, 2009 until paid in full. A Judgment is entered against
27 Obligor for pregnancy and confinement costs in the amount of \$506.00 from March
28 1, 2009 through April 30, 2009.
3. (x) Paternity testing fees are owing in the amount of \$114.00. These shall be repaid at
the rate of \$5.00 per month commencing November 1, 2009.



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2 2009 and on the same day each month thereafter until further order of this Court.

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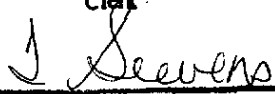
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7 SO ORDERED this 11 day of December, 2009.

8 
9 _____
10 DISTRICT JUDGE
11 SEVENTH JUDICIAL DISTRICT COURT

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

25 In witness whereof I have hereunto set my hand and affixed the Seal of the
26 Seve. Judicial District Court in and for the County of Lincoln, State of
27 Nevada, this 4th day of January 2010

28 _____
29 Clerk
30 
31 _____
32 Deputy Clerk