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**Official Record**

Recording requested By  
STATE OF NV CHILD SUPPORT ENFORCEME

**Lincoln County - NV**

**Leslie Boucher - Recorder**

Fee: Page 1 of 5

RPTT: Recorded By: AE

Book- 263 Page- 0342



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**RECORDING REQUESTED BY AND RETURN TO:**

**STATE OF NEVADA  
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.**

FEB 18 2009

2009 MAR 18 PM 12:27

Per 1 FILE NO: CV 0939006

2 DEPT. NO: 2

LINCOLN COUNTY CLERK  
*ll*

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 and  
8 TINA VON TOBEL

9 Obligee

ORDER AFFIRMING COURT  
MASTER'S RECOMMENDATION

10 vs

11 JAMES COLLINS,  
12 Obligor

13 THE COURT having reviewed the Master's Recommendation  
14 prepared by the Court Master on February 18th, 2009, and,

15 (X) No timely objection having been filed hereto.

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

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

21 IT IS THEREFORE ORDERED AS FOLLOWS:

22 1. (x) The Obligor is the parent of the following  
23 child(ren): NAME(S) DOB(S)

24 Corrie Faye Collins 11-4-03



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2. (x) A judgment of support arrears is entered in favor of the Obligee and against the Obligor in the amount of \$ 8968.34 from 4-1-07 through 12-31-08; The total amount of arrears represents \$ 7680.01 in principal arrears owed; and \$ 575.83 in interest accrued; and \$ 712.50 in accrued penalty. Obligor is to pay \$ 100.00 per month beginning 1-1, 2009 and also continuing each and every month thereafter until paid in full.

3. ( ) Fees are owed for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and the Obligor is to pay \$ 25.00 per month beginning \_\_\_\_\_, 2009 and continuing until paid in full.

4. (x) The Obligor shall pay \$ 100.00 per month as and for ongoing child support, beginning 1-1, 2009.

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

STATE COLLECTION AND DISBURSEMENT UNIT  
 (SCaDU)  
 PO BOX 98950  
 LAS VEGAS, NV 89193-8950

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

A 10% penalty may 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



1 by your employer directly to the state disbursement unit. If  
2 you fail to do so you will be subject to the assessment of  
penalties and interest.

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

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

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

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

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

21 9. Pursuant to NRS 125B.145, this Order must be reviewed  
22 every three years, upon the request of either party, and is  
23 subject to modification or review and adjustment as provided by  
law.


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


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

SO ORDERED this 17 day of MARCH, 2009

  
\_\_\_\_\_  
DISTRICT JUDGE

This document to which this certificate is attached is a full, true and correct copy of the original, on file and recorded in the County Clerk's Office, Pioche Nevada.

In witness whereof, I have hereunto set my hand and affixed the seal of the  
Seal of the District Court in and for the County of Lincoln, State of  
Nevada, this 23<sup>rd</sup> day of April, 2011

\_\_\_\_\_  
Clerk  
  
\_\_\_\_\_  
Deputy Clerk