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Lincoln County - NV Leslie Boucher - Recorder

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Book- 268 Page- 0108



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 RECOMMENDATION

*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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	NOV - 2 2009
. ਊ e	CASE NO. CV-0622009
2	DEPT. NO. 2009 NOV 13 PM 3: 17
3	LISA CITAL ID LIMOOULOULA CLERK
. 4	CEVENIUM MIDICIAL DICTEDICIO COMPONO DE MUNICIPA DA MENA DA
5	SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
. 6	IN AND FOR THE COUNTY OF LINCOLN
7	
8	COURT OF ARRIVE COURT OF THE ARRIVE COURT
9	STATE OF NEVADA CHILD SUPPORT ENFORCEMENT PROGRAM, and MASTER'S RECOMMENDATION
10	CAROL ANN WALLIS, fka CAROL ANN SULLIVAN,
11	Obligee,
12	vs. Affirmation Pursuant to NRS 239B.030 SSN Does Appear
13	CLAYTON ARNOLD SULLIVAN, SSN Does Not Appear
14	Obligor.
15	The Court, having reviewed the Master's Recommendation prepared by the Court Master on
16	
17	(x) No timely objection having been filed hereto.
18	() The Court, having received the objection(s) thereto, as well as any other papers, testimony and argument related thereto, and good cause appearing.
19	IT IS HEREBY ORDERED that the Master's Findings and Recommendations are affirmed
20	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> Alexis Wallis-Sullivan July 6, 2004
24 25	2. (x) The Obligor shall continue to pay \$75.00 per month towards his outstanding arrears
26	balance, as previously ordered. The Obligant shall nev \$2.15.02 nor month in an axing asymptot beginning May 1, 2000.
. 27	3. (x) The Obligor shall pay \$315.93 per month in ongoing support beginning May 1, 2009 and on the same day each month thereafter until further order of this Court.
28	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

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Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV 89193-٠1 8950. 2 NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO 3 THE OBLIGEE OR THE CHILD. 4 Additionally, the Obligor MUST place his/her social security number on each payment. 5 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. 7 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 9 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 10 disbursement unit. If you fail to do so you will be subject to the assessment of penalties and interest. 11 YOU MAY AVOID THESE ADDITIONAL COSTS BY MAKING YOUR CURRENT CHILD 12 SUPPORT PAYMENTS EACH MONTH. 13 4. The Obligee 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 14 until said child is no longer eligible for said coverage, and both parties shall 15 cooperate and provide assistance in obtaining payment for health care services. You are required to notify the Child Support Enforcement Office when health insurance 16 coverage is available or has been terminated. 17 Last known mailing address of Obligor: 244 S. Panorama Hurricane, UT 84737 18 Last known mailing address of child: c/o Nevada State Welfare Division 19 5. (x)The Obligor shall pay health care expenses, including medical, dental, orthodontic, 20 and ophthalmological services for the child as follows: one half of all costs not covered by insurance, upon being provided by Obligee with adequate 21 documentation/billing regarding said expenses and any EOB or other insurance payment documentation. 22 The Obligor shall notify the State Child Support Office or the District Attorney's 6. (x)23 Child Support Office of any change of address or employment within ten (10) days. 24 7. (x)A wage/income withholding shall be issued starting immediately. 25 Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications. 26 9. Unless a stay of this Order is obtained from District Court, all enforcement procedures 27 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. 28

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