

Official Record

Recording requested By
CHILD SUPPORT ENFORCEMENT PROGRAM

Lincoln County - NV

Leslie Boucher - Recorder

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CASE NO. CV-0944011
DEPARTMENT NO.

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

DIVISION OF WELFARE AND
SUPPORTIVE SERVICES and
DELANNIE GARFF,

Obligee

vs.

KOBY BUDY,

Obligor

DEFAULT JUDGMENT OF PATERNITY
AND CHILD SUPPORT AND ORDER

Affirmation Pursuant to NRS 239B.030
SSN Does Appear
SSN Does Not Appear AK

The Court Master having found that the Obligor was properly served on 09/13/2011
and having found that the Obligor has failed to respond as required by law, finds as
follows:

- 1. (X) The default of Obligor is hereby entered and ordered.
- 2. (X) The custodian of the following child has named the Obligor as the father of said child:

NAME

DOB

BRAYDON MICHAEL BUDY

04/09/2011

- 3. (X) Child support for one (1) child under NRS 125B.070 and NRS 125B.080



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is set at 18% of the Obligor's gross monthly income. Based on Obligor's gross monthly income of \$1,574.29, 18% calculates to \$283.37. The presumptive maximum amount is \$630.00 per child, based on Obligor's income. The mandatory minimum child support is \$100 per child, per month. Ongoing child support should be set at \$283.37 per month, which may include a deviation for medical insurance under NRS 125B.080.

- 4. (X) The Obligor owes \$850.11 representing child support arrears for the period from 08/01/2011 through 10/31/2011 and \$40.00 is a reasonable monthly payment on those arrears.
- 5. (X) Obligor will maintain health insurance coverage on the above named child. If insurance is unavailable, the Obligor will be required to pay medical cash support in an amount not to exceed 5% of Obligor's gross monthly income. Based on Obligor's gross monthly income of \$1,574.29, 5% calculates to \$78.71. Medical cash should be set at \$78.71.

THEREFORE, IT IS HEREBY ORDERED THAT:

- 1. (X) The default of the Obligor is hereby entered and ordered.
- 2. (X) The Obligor is the parent of:

<u>NAME</u>	<u>DOB</u>
BRAYDON MICHAEL BUDY	04/09/2011

- 3. (X) Obligor will pay \$283.37 per month as child support beginning 11/01/2011.
- 4. (X) A Judgment is entered against the Obligor for child support arrears in the amount of \$850.11 from 08/01/2011 through 10/31/2011, and the Obligor will pay \$40.00 per month to retire the Judgment beginning 11/01/2011.

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 Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV 89193-8950.

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

Additionally, the Obligor MUST place his/her case #787381000A on each payment.



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

4 **A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an**
5 **obligation to pay support for a child, pursuant to NRS 125B095.**

6 **If you pay your child support through income withholding and your full obligation is**
7 **not met by the amount withheld by your employer, you are responsible to pay the**
8 **difference between your court ordered obligation and the amount withheld by your**
9 **employer directly to the state disbursement unit. If you fail to do so you will be**
10 **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 5. (X) The Obligor shall provide health insurance, including medical, dental,
14 orthodontic, and ophthalmological coverage for the child under a plan of
15 insurance that is reasonable in cost and accessible, including without
16 limitation, a payment of any premium, copayment or deductible and the
17 payment of medical expenses from the date of this order on and until said
18 child is no longer eligible for said coverage, and both parties shall cooperate
19 and provide assistance in obtaining payment for health care services.

20 Child support will be reduced by one-half the cost of dependent medical
21 insurance when verification is received that the child is enrolled and
22 coverage is effective. Obligor must notify the Child Support Enforcement
23 Office when health insurance coverage is available or has been terminated.

24 **During periods that health insurance is not in effect, Obligor will be**
25 **required to pay medical cash support in the amount of \$78.71 per**
26 **month.**

6. (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 Obligor
with adequate documentation/billing regarding said expenses and any EOB
or other insurance payment documentation.

7. (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.

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



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- 9. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications.
- 10. Unless a stay of this Order is obtained from District Court, all enforcement procedures 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.
- 11. The State of Nevada has the right to recover outstanding medical costs which have not yet been determined.
- 12. 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.

IT IS SO ORDERED.

DATED: December 9, 2011

Jan L. Pope

 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, Elko 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 Elko, State of Nevada, this 19th day of December, 2011.

 Clerk
J. Seesey

 Deputy Clerk

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 ELKO SEP