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Official Record

Recording requested By
CHILD SUPPORT ENFORCEMENT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: Page 1 of 7

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0140421

RECORDING REQUESTED BY AND RETURN TO:

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

**JUDGMENT AND ORDER OF CHILD SUPPORT
UPON STIPULATION**

***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.**

FILED

1 CASE NO. CV-1148011

2 DEPARTMENT NO.

2011 DEC 21 PM 3:05

LINDSEY M. HARRIS
LINCOLN COUNTY CLERK
DEPUTY

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

8
9 DIVISION OF WELFARE AND SUPPORTIVE SERVICES and
10 JACKLYN BART,

JUDGMENT AND ORDER OF CHILD SUPPORT UPON STIPULATION

11 Oblige

12 vs.

13
14 SEAN SILVA,

15 Obligor

Attorney Pursuant to NRS 203B.030
Can't Does Appear
Can't Does Not Appear

16
17 The parties hereby stipulate to the entry of an order as follows:

18 The Obligor is the parent of:

19 **NAME**

DOB

20
21 MATTHEU ANTHONY SILVA 10/04/2003

22
23 Child support for one (1) child under NRS 125B.070 and 125B.080 is set at 18% of
24 the Obligor's gross monthly income. Based on your gross monthly income of \$1,099.58,
25 18% calculates to \$197.92. The presumptive maximum amount is \$630.00 per child,
26 based on Obligor's income. The mandatory minimum child support is \$100 per child, per
month. Ongoing child support should be set at \$197.92 per month, which may include a
deviation for medical insurance per NRS 125B.080.

1 Obligor owes \$395.84 in arrears from 10/01/2011 through 11/30/2011.

2 Obligor will maintain health insurance on the above-named child. If insurance is
3 unavailable, the Obligor will be required to pay medical cash support in an amount not to
4 exceed 5% of Obligor's gross monthly income. Based on Obligor's gross monthly income
of \$1,099.58, 5% calculates to \$54.97. Medical cash should be set at \$54.97.

5 **WHEREFORE, IT IS HEREBY ORDERED THAT:**

6 1. (X) Obligor is the parent of:

<u>NAME</u>	<u>DOB</u>
MATTHEU ANTONY SILVA	10/04/2003

10 2. (X) Obligor will pay \$197.92 per month as child support beginning 12/01/2011.

11 3. (X) A Judgment is entered against the Obligor for child support arrears in the
12 amount of \$395.84 from 10/01/2011 through 11/30/2011, and the Obligor will
13 pay \$40.00 per month to retire the Judgment beginning 12/01/2011.

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

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

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

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

25 **A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an**
26 **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



1 difference between your court ordered obligation and the amount withheld by your
2 employer directly to the state disbursement unit. If you fail to do so you will be
3 subject to the assessment of penalties and interest.

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

6 4. (X) The Obligor shall provide health insurance, including medical, dental,
7 orthodontic, and ophthalmological coverage for the child under a plan of
8 insurance that is reasonable in cost and accessible, including without
9 limitation, a payment of any premium, copayment or deductible and the
10 payment of medical expenses from the date of this order on and until said
11 child is no longer eligible for said coverage, and both parties shall cooperate
12 and provide assistance in obtaining payment for health care services.

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

17 **During periods that health insurance is not in effect, Obligor will be
18 required to pay medical cash support in the amount of \$54.97 per
19 month.**

20 5. (X) The Obligor shall pay health care expenses, including medical, dental,
21 orthodontic, and ophthalmological services for the children as follows: one half
22 of all costs not covered by insurance, upon being provided by Obligee with
23 adequate documentation/billing regarding said expenses and any EOB or
24 other insurance payment documentation.

25 6. (X) The Obligor shall notify the State Child Support Office or the District
26 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 years and is
subject to future modifications.

9. 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.



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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.

Sean Silva

Sean Silva, Obligor

DATED: NOV 29 2011

Jacklyn Bart, Obligee

DATED: _____

Tammy Hagan

Tammy Hagan, Agency Representative

DATED: 12/15/11

IT IS SO ORDERED.

DATED: 12-20-11

Sam L. Rose

DISTRICT JUDGE

RECEIVED

JAN - 9 2012

ELKO SEP



1 10. If any determination of paternity in this Order is at variance with the Children's birth
2 certificate issued in this state, a new birth certificate is to be issued pursuant to NRS
3 440.325.
4

5 _____
6 Sean Silva, Obligor

DATED: _____

7 Jacklyn Bart
8 Jacklyn Bart, Obligee

DATED: 11-21-11

9 TH
10 Tammy Hagan, Agency Representative

DATED: 12/5/2011

13 **IT IS SO ORDERED.**

14
15 DATED: _____

DISTRICT JUDGE

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RECEIVED

NOV 23 2011

ELKO SEP



1 10. If any determination of paternity in this Order is at variance with the Children's birth
2 certificate issued in this state, a new birth certificate is to be issued pursuant to NRS
3 440.325.

4
5 _____
6 Sean Silva, Obligor

DATED: _____

7 Jacklyn Bart
8 Jacklyn Bart, Obligee

DATED: 11-21-11

9 Tammy Hagan
10 Tammy Hagan, Agency Representative

DATED: 12/5/2011

13 IT IS SO ORDERED.

14
15 DATED: 12-20-11

Jan L. Papp
DISTRICT JUDGE

This document to which this certificate is attached is a full and correct copy of the original filed in the office of the County Clerk of Nevada.

Is witness to the fact that the above is a true and correct copy of the original filed in the office of the County Clerk of Nevada, this 5th day of January, 2012.

James Sevens
County Clerk

RECEIVED

NOV 23 2011

ELKO SEP