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Recording requested By
STATE OF NEVADA CHILD SUPPORT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: Page 1 of 4

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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 AND ADOPTING CHILD SUPPORT 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.**



received
CASE NO. CV 0830009

FILED

DEPT. NO. 1

2013 APR 26 AM 8:30

SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF LINCOLN

LINCOLN COUNTY CLERK
[Signature]

FAMILY DIVISION

DIVISION OF WELFARE AND SUPPORTIVE SERVICES and

ORDER AFFIRMING AND ADOPTING CHILD SUPPORT MASTER'S RECOMMENDATION

APRIL HERRING RUIZ,

Obligee,

vs.

STEVEN JAMES RUIZ,

Obligor.

Approved for filing by the Court Clerk
Lincoln County Clerk
[Signature]

The Court, having reviewed the Master's Recommendation prepared by the Court Master on March 29, 2013, and,

() No timely objection having been filed hereto.

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

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

IT IS THEREFORE ORDERED AS FOLLOWS:

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

<u>NAME</u>	<u>D.O.B</u>
Harlee Carynn Ruiz	August 22, 2003.

2. (x) A Judgment is entered against Obligor for child support arrears in the amount of \$2,817.39 from October 1, 2009 through January 31, 2013. This shall be paid at \$200.00 a month starting February 1, 2013 until paid in full. A Judgment is entered against Obligor for interest on arrears in the amount of \$542.66 and penalties in the amount of \$449.85 through February 1, 2013.



1 3. (x) The Obligor shall pay \$69.23 per month in ongoing child support beginning
2 February 1, 2013 and on the same day each month thereafter until further order of this
3 Court.

4 **All payments MUST be in the form of a cashier's check or money order ONLY. Effective**
5 **August 1, 2000, all child support payments must be payable to State Collections and**
6 **Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV**
7 **89193-8950.**

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

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

11 **Effective January 1, 2004, simple interest will accrue on all unpaid child support balances**
12 **for cases with a Nevada controlling order pursuant to NRS 125B.095.**

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

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

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

Last known mailing address of Obligor: *Confidential*

Last known mailing address for Obligee: *Confidential*


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



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- 6. (x) The Obligor shall notify the State Child Support Office or District Attorney's Child Support Office of any changes 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 (3) years and is subject to future modifications.
- 9. Unless a stay of this Order is obtained for 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.
- 10. If any determination of paternity in this Order is at variance with the child's birth certificate issued in this state, a new birth certificate is to be issued pursuant to NRS 440.325.
- 11. The parties shall fill out the attached Court Information Sheet and mail or deliver the same to the Nevada State Division of Welfare and Supportive Services; Child Support Enforcement Program; 1470 College Parkway, Carson City, Nevada 89706-7924 for filing with the court within ten (10) days from the date of this Order. The parties shall update this form within ten (10) days of it becoming inaccurate.

SO ORDERED this 24th day of April, 2013.



 HON. STEVE L. DOBRESCU GARY D. FAIRMAN
 DISTRICT JUDGE
 SEVENTH JUDICIAL DISTRICT COURT

[Faint background text and stamps]

10 May 13

Maree Blake
