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CHILD SUPPORT ENFORCEMENT

Lincoln County - NV

Leslie Boucher - Recorder

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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**

**DEFAULT JUDGMENT OF PATERNITY AND CHILD SUPPORT
AND ORDER**

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received

FILED

5-20-13

CASE NO. CV-0514013

DEPARTMENT NO.

2013 MAY 24 PM 3:32

LINCOLN COUNTY CLERK

NJB

**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
JACQUELINE MARIE RHUDE,
AKA JACQUELINE MARIE GOODING,

**DEFAULT JUDGMENT OF PATERNITY
AND CHILD SUPPORT AND ORDER**

Obligee

vs.

RONALD ZANDER,

Obligor

The Court Master having found that the Obligor was properly served on 04/12/2013
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 children has named the Obligor as the
father of said children:

NAME

DOB

J Aidyn Paige Zander

06/17/2006

Mariah Kay Zander

08/16/2001

Ronald James Zander

10/31/2002

1 3. (X) Child support for three (3) children under NRS 125B.070 and NRS
 2 125B.080 is set at 29% of the Obligor's gross monthly income. Based on
 3 Obligor's gross monthly income of \$1,430.00, 29% calculates to \$414.70.
 4 The presumptive maximum amount is \$1,947.00, based on Obligor's income.
 5 The mandatory minimum child support is \$100 per child, per month.
 6 Ongoing child support should be set at \$414.70 per month, which may
 7 include a deviation for medical insurance under NRS 125B.080.

9 4. (X) The Obligor owes \$529.40 representing child support arrears from
 10 04/01/2013 through 05/31/2013 and \$40.00 is a reasonable monthly payment
 11 on those arrears.

12 5. (X) Obligee will maintain health insurance coverage on the above named
 13 children. The Obligor will pay medical cash support in an amount not to
 14 exceed 5% of Obligor's gross monthly income. Based on Obligor's gross
 15 monthly income of \$1,430.00, 5% calculates to \$71.50. Medical cash should
 16 be set at \$71.50.

18 **THEREFORE, IT IS HEREBY ORDERED THAT:**

19 1. (X) The default of the Obligor is hereby entered and ordered.

20 2. (X) The Obligor is the parent of:

<u>NAME</u>	<u>DOB</u>
JAIDYN PAIGE ZANDER	06/17/2006
MARIAH KAY ZANDER	08/16/2001
RONALD JAMES ZANDER	10/31/2002

26 3. (X) Obligor will pay \$414.70 per month as child support beginning 06/01/2013.



- 1 4. (X) The Obligor will pay medical cash support in the amount of \$71.50 per month
- 2 beginning 06/01/2013.
- 3 5. (X) A Judgment is entered against the Obligor for child support arrears in the
- 4 amount of \$529.40 from 04/01/2013 through 05/31/2013, and the Obligor will
- 5 pay \$40.00 per month to retire the Judgment beginning 06/01/2013.
- 6

7 **All payments MUST be in the form of a cashier's check or money order ONLY.**

8 **Effective August 1, 2000, all child support payments must be payable to State**

9 **Collection and Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950,**

10 **Las Vegas, NV 89193-8950.**

11

12 **NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO**

13 **THE OBLIGEE OR THE CHILDREN.**

14

15 **Additionally, the Obligor MUST place his/her case #222226000A on each payment.**

16 **Effective January 1, 2004, simple interest will accrue on all unpaid child support**

17 **balances for cases with a Nevada controlling order pursuant to NRS 99.040. Interest**

18 **assessed by a judgment of the court prior to January 1, 2004 will be enforced.**

19

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

21 **obligation to pay support for a child, pursuant to NRS 125B095.**

22

23 **If you pay your child support through income withholding and your full obligation is**

24 **not met by the amount withheld by your employer, you are responsible to pay the**

25 **difference between your court ordered obligation and the amount withheld by your**

26

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

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

6 6. (X) The Obligee shall provide health insurance, including medical, dental,
7 orthodontic, and ophthalmological coverage for the children 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 children are no longer eligible for said coverage, and both parties shall
12 cooperate and provide assistance in obtaining payment for health care
13 services.

14
15 7. (X) The Obligor shall pay health care expenses, including medical, dental,
16 orthodontic, and ophthalmological services for the children as follows: one
17 half of all costs not covered by insurance, upon being provided by Obligee
18 with adequate documentation/billing regarding said expenses and any EOB
19 or other insurance payment documentation.

20
21 8. (X) The Obligor shall notify the State Child Support Office or the District
22 Attorney's Child Support Office of any change of address or employment
23 within ten (10) days.

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

25 10. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is
26 subject to future modifications.



- 1 11. Unless a stay of this Order is obtained from District Court, all enforcement
- 2 procedures including, but not limited to wage withholding, garnishment, liens and
- 3 the attachment of federal income tax returns will be undertaken upon entry of this
- 4 Order.
- 5
- 6 12. The State of Nevada has the right to recover outstanding medical costs which have
- 7 not yet been determined.
- 8 13. If any determination of paternity in this Order is at variance with the Children's birth
- 9 certificate issued in this state, a new birth certificate is to be issued pursuant to NRS
- 10 440.325.
- 11

12 **IT IS SO ORDERED.**

13 DATED: MAY 24, 2013

14 

 DISTRICT JUDGE

Si
He

20 I, the undersigned, Clerk of the District Court, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the files of the District Court.

21 Notary Public for the State of Nevada, My Commission Expires on _____ of _____, 2013.
 My Comm. No. 1014 Date MAY 24, 2013

22 _____
 Clerk

23 _____
 Marie Blank
 Deputy Clerk