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Official Record

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STATE OF NEVADA

Lincoln County - NV
Leslie Boucher - Recorder

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Book- 315 Page- 0126



0152897

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.**



10-18-17

2017 OCT 18 PM 12:58

LIS. CLERK
LINCOLN COUNTY CLERK

1 CASE NO. CV-0827017

2 DEPT. NO. 1

4 SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

5 IN AND FOR THE COUNTY OF LINCOLN

6 FAMILY DIVISION

8
9 DIVISION OF WELFARE AND SUPPORTIVE
10 SERVICES and
11 HOLLI MARIE TAYLOR,

8
9 **ORDER AFFIRMING AND ADOPTING**
10 **CHILD SUPPORT MASTER'S**
11 **RECOMMENDATION**

11 Obligee,

12 vs.

13 WILLIAM MORELY DAVIS,

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

14 Obligor.

16 The Court, having reviewed the Master's Recommendation prepared by the Court Master
17 on September 15, 2017, and,

- 18 (x) No timely objection having been filed hereto.
- 19 () The Court, having received the objection(s) thereto, as well as any other papers,
- 20 testimony and argument related thereto, and good cause appearing.

21 **IT IS HEREBY ORDERED that the Master's Findings and Recommendations are affirmed**
22 **and adopted.**

23 **IT IS THEREFORE ORDERED AS FOLLOWS:**

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

<u>NAME</u>	<u>D.O.B.</u>
Brock Dean Davis	October 27, 2010

27 2. (x) A Judgment is entered against Obligor for child support arrears in the amount of
28 \$8,822.19 from January 1, 2015 through July 31, 2017. This shall be paid at



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\$100.00 a month starting August 1, 2017 until paid in full. A Judgment is entered against Obligor for interest on child support arrears in the amount of \$736.44 from January 1, 2015 through July 31, 2017. A Judgment is entered against Obligor for penalties on child support arrears in the amount of \$718.80 from January 1, 2015 through July 31, 2017.

3. (x) The Obligor shall pay \$134.87 per month in ongoing support beginning August 1, 2017 and on the same day each month thereafter until further order of this Court.

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 CHILD.

Additionally, the Obligor MUST place his social security number on each payment.

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.

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 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 disbursement unit. If you fail to do so you will be subject to the assessment of penalties and interest.

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

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

Last known mailing address of Obligor: Confidential

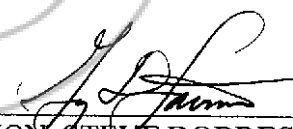
Last known mailing address of child: Confidential



- 1 5. (x) The Obligor shall pay health care expenses, including medical, dental, orthodontic,
2 and ophthalmological services for the child as follows: one half of all costs not
3 covered by insurance, upon being provided by Obligee with adequate
4 documentation/billing regarding said expenses and any EOB or other insurance
5 payment documentation.
- 6 6. (x) The Obligor shall notify the State Child Support Office or the District Attorney's
7 Child Support Office of any change of address or employment within ten (10) days.
- 8 7. (x) A wage/income withholding shall be issued starting immediately.
- 9 8. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject
10 to future modifications.
- 11 9. Unless a stay of this Order is obtained from District Court, all enforcement procedures
12 including, but not limited to wage withholding, garnishment, liens and the attachment of
13 federal income tax returns will be undertaken upon entry of this Order.
- 14 10. If any determination of paternity in this Order is at variance with the child's birth
15 certificate issued in this state, a new birth certificate is to be issued pursuant to NRS
16 440.325.
- 17 11. The parties shall fill out the attached Court Information Sheet and mail or deliver the same
18 to the Nevada State Division of Welfare and Supportive Services; Child Support
19 Enforcement Program; 1470 College Parkway, Carson City, Nevada 89706-7924 for filing
20 with the court within ten (10) days from the date of this order. The parties shall update this
21 form within ten (10) days of it becoming inaccurate.

22 SO ORDERED this 16th day of October, 2017.

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



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COPY

IN WITNESS WHEREOF, I have hereunto set my hand and official seal of the
Circuit Judicial District Court in and for the County of Lincoln, State of
North Dakota, this 30th day of October, 2017.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal of the
Circuit Judicial District Court in and for the County of Lincoln, State of
North Dakota, this 30th day of October, 2017.

Shawn Miller
Clerk
Deputy Clerk