Official Record

Recording requested By CHILD SUPPORT ENFORCEMENT PROGRAM

Lincoln County - NV Leslie Boucher - Recorder

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Book- 317 Page- 0370



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.

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	CASE NO. CV-0722017	
2	DEPT. NO. 1 318 JAN 25 PH 12: 57	
3	UNION DE LA TERRE	
4	SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA	
5	IN AND FOR THE COUNTY OF LINCOLN	
6	FAMILY DIVISION	
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9	DIVISION OF WELFARE AND SUPPORTIVE ORDER AFFIRMING AND ADOPTING SERVICES and	
10	SHERIE L. COULES FKA SHERIE L. HEWID SHAROUF, RECOMMENDATION	
11	TIETSTEIGE ETTE WIE STEINESST,	
12	Obligee,	
13	vs.	
14	JUAN DOYLE LOPEZ,	
15	Obligor.	
16	- Jongon	
17	The Court, having reviewed the Master's Recommendation prepared by the Court Master	
18	on August 18, 2017, and,	
19	(x) No timely objection having been filed hereto.	
	() 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.	
\ I	IT IS THEREFORE ORDERED AS FOLLOWS:	
24	1. (x) The Obligor is the father of the following child:	
25	NAME D.O.B.	
26	Brook Rivers Lopez May 3, 2008	
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1	services. You are required to notify the Child Support Enforcement Office when health insurance coverage is available or has been terminated.	
2	Last known mailing address of Obligor: Confidential	
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4	Last known mailing address of child: Confidential	
5	6. (x) The Obligor shall pay health care expenses, including medical, dental, orthodontic, and ophthalmological services for the child as follows: one half of all costs not	
6 7	covered by insurance, upon being provided by Obligee with adequate documentation/billing regarding said expenses and any EOB or other insurance	
	payment documentation.	
8	7. (x) The Obligor shall notify the State Child Support Office or the District Attorney's	
9	Child Support Office of any change of address or employment within ten (10) days.	
10	8. (x) A wage/income withholding shall be issued starting immediately.	
11	9. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject	
12	to future modifications.	
13	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	
14	federal income tax returns will be undertaken upon entry of this Order.	
15	11. If any determination of paternity in this Order is at variance with the child's birth	
16 17	certificate issued in this state, a new birth certificate is to be issued pursuant to NRS 440.325.	
17	12. The parties shall fill out the attached Court Information Sheet and mail or deliver the same	
19	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	
20	form within ten (10) days of it becoming inaccurate.	
21	SO ORDERED this 24 day of September, 2018.	
22	SO ORDERED uns <u>L</u> day of separate , 2012	
23	9/0/	
24	HON. SHEVE DODRESCU	
25	DISTRICT JUDGE GARY D FRIRM	
26	SEVENTH JUDICIAL DISTRICT COURT	
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