



OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

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 AND ORDER

***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 1251002

FILED
2003 JAN 27 A 9:5
CLERK
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IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE
OF NEVADA IN AND FOR THE COUNTY OF LINCOLN

STATE OF NEVADA, by and through
the WELFARE DIVISION OF THE
DEPARTMENT OF HUMAN RESOURCES, and
HEATHER MCBRIDE,

Petitioner/Obligee,

DEFAULT JUDGMENT
AND ORDER

vs.

CHRISTOPHER COLLIER,

Respondent/Obligor.

The Court having found that the Respondent was properly served on December 24, 2002, and having found that the Respondent has failed to respond as required by law, finds as follows:

1. (X) Petitioner has named the Respondent as parent of the following child(ren):

<u>NAME</u>	<u>DOB</u>
BRAIDEN C. COLLIER	08/17/00

2. (X) An arrears Judgment is entered in the amount of \$4347.00 from April 1, 2002 through December 31, 2002.

3. (X) The Respondent shall pay \$483.00 per month in ongoing support beginning January 1, 2003 and continuing each month thereafter.

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4. MONTHLY SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

Child Support	\$483.00	Effective 1/1/03
Child Support Arrearages	\$ 40.00	Effective 1/1/03
Genetic Test Costs	\$	Effective

All payments MUST be in the form of a cashier's check or money order ONLY, and shall be made payable to STATE COLLECTION & DISBURSEMENT UNIT (SCaDU) and mailed to P.O. Box 98950, Las Vegas, Nevada 89193-8950.

NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO THE PETITIONER.

Additionally, the Respondent MUST place the case number 533-86-3964 B on each payment.

- 5. (X) The Respondent shall provide health insurance coverage for the child(ren) when available through his employer and provide assistance in obtaining payment for insured services.
- 6. (X) The Respondent shall pay medical expenses, including dental and ophthalmological services for the child(ren) as follows: one half of all costs not covered by insurance.
- 7. () The Respondent shall pay and judgment is entered in favor of the Petitioner for the cost of paternity testing totaling \$_____.
- 8. (X) The Respondent shall notify the Family Support Division of any change of address or employment within 10 days.
- 9. (X) A wage withholding shall be issued immediately.
- () Good cause being found by the Court: _____

IT IS SO ORDERED.

Dated: January 23, 2003

Dan L. Pope
DISTRICT JUDGE

COPY

The document to which this certificate is attached is a full, true and correct copy of the original, on file and recorded in the County Clerk's Office, Pioche Nevada.

In witness whereof, I have hereunto set my hand and the seal of the Seventh Judicial District Court in and for the County of Lincoln, State of Nevada this 23rd day of July 2018.

Sharon J. Miller
Deputy Clerk