

DOC # 0229377

05/26/2015

01:15 PM

Official Record

Recording requested By:
NEVADA DEPT OF HEALTH & HUMAN

Eureka County - NV

Sara Simmons - Recorder

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RPTT: Recorded By: LH

Book- 579 Page- 0006



0229377

RECORDING REQUESTED BY AND RETURN TO:

**ELKO PROGRAM AREA OFFICE
CHILD SUPPORT ENFORCEMENT
1020 RUBY VISTA DRIVE, #101
ELKO, NV 89801**

ORDER AND NOTICE OF ENTRY OF ORDER

*This is a cover page that only the Eureka 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.

1 CASE NO. DR-UI-15-131

2 DEPT. NO. 1

FILED

2015 MAY 12 PM 2:29
ELKO CO DISTRICT COURT

3
4 **FOURTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**

5 **IN AND FOR THE COUNTY OF ELKO**

6 **FAMILY DIVISION**

7
8
9 DIVISION OF WELFARE AND
10 SUPPORTIVE SERVICES and
TRECY STUART,

**ORDER AND NOTICE
OF ENTRY OF ORDER**

11 Obligee,

12 vs.

13 ROBERT OVERHOLSER,

14 Obligor.
15 _____

16 The Court, having reviewed the Master's Recommendation prepared by the Court Master
17 on April 14, 2015, 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**
22 **affirmed and adopted.**

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

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

25 NAME

Rhody Preston Stuart

D.O.B.

June 18, 2014

26
27 2. (x) A Judgment is entered against Obligor for child support arrears in the amount of
28 \$1,973.56 from November 1, 2014 through April 30, 2015. This shall be paid at
\$75.00 a month starting May 1, 2015 until paid in full. A Judgment is entered

1 against Obligor for interest on child support arrears in the amount of \$0.00 from
2 November 1, 2014 through April 30, 2015. A Judgment is entered against
3 Obligor for penalties on child support arrears in the amount of \$0.00 from
4 November 1, 2014 through April 30, 2015.

- 5 3. (x) The Obligor shall pay \$362.26 per month in ongoing support beginning May 1,
6 2015 and on the same day each month thereafter until further order of this Court.

7 All payments MUST be in the form of a cashier's check or money order ONLY. Effective
8 August 1, 2000, all child support payments must be payable to State Collection and
9 Disbursement Unit (SCaDU) and mailed to: SCaDU, P.O. Box 98950, Las Vegas, NV
10 89193-8950.

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

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

14 Effective January 1, 2004, simple interest will accrue on all unpaid child support balances
15 for cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
16 judgment of the court prior to January 1, 2004 will be enforced.

17 A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an
18 obligation to pay support for a child, pursuant to NRS 125B.095.

19 If you pay your child support through income withholding and your full obligation is not
20 met by the amount withheld by your employer, you are responsible to pay the difference
21 between your court ordered obligation and the amount withheld by your employer directly
22 to the state disbursement unit. If you fail to do so you will be subject to the assessment of
23 penalties and interest.

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


- 26 4. (x) The Obligor and/or Obligee shall provide health insurance, including medical,
27 dental, orthodontic and ophthalmological coverage for the child if available
28 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,
2 orthodontic, and ophthalmological services for the child as follows: one half of
3 all costs not 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)
8 days.
- 9 7. (x) A wage/income withholding shall be issued starting immediately.
- 10 8. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is
11 subject to future modifications.
- 12 9. Unless a stay of this Order is obtained from District Court, all enforcement procedures
13 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 10. If any determination of paternity in this Order is at variance with the child's birth
16 certificate issued in this state, a new birth certificate is to be issued pursuant to NRS
17 440.325.
- 18 11. Both parties shall notify the District Attorney's Office, Child Support Enforcement
19 Agency in WRITING of any change of address, change of telephone number, change of
20 employment, change of custody, access to health insurance coverage or change in health
21 insurance policy information, or entry of any other Order relative to child support.

22 SO ORDERED this 8 day of May, 2015.

23 
24 HON. NANCY PORTER
25 DISTRICT JUDGE
26 FOURTH JUDICIAL DISTRICT COURT



28 CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE

20 day of May, 2015



CLERK

RECEIVED

MAY 14 2015

ELKO SEP

1 **NOTICE OF ENTRY OF ORDER**

2 TO: ROBERT OVERHOLSER, Obligor and

3 TO: NEVADA STATE WELFARE DIVISION CHILD SUPPORT ENFORCEMENT and
4 TRECY STUART, Obligee

5 YOU, AND EACH OF YOU, PLEASE TAKE NOTICE that on the 12 day of May,
6 2015, the ORDER set forth above, was entered and filed in the records of the Clerk of the above-
7 entitled Court.

8 DATED: May 12, 2015.

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11 COURT STAFF
12 FOURTH JUDICIAL DISTRICT COURT
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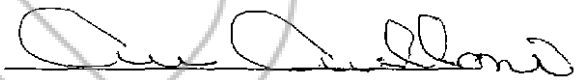
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1 **CERTIFICATE OF SERVICE**

2 Pursuant to NRCP 5(b), I certify that I am an employee of the Fourth Judicial District
3 Court, and that on this 12 day of May, 2015, I personally hand delivered a true and correct
4 file stamped copy of the foregoing Order to:

5 Kimberly Ramirez, Caseworker
6 Nevada State Welfare Division
7 Child Support Enforcement
8 1020 Ruby Vista Drive #101
9 Elko, NV 89801
10 [Box in Clerk's Office]

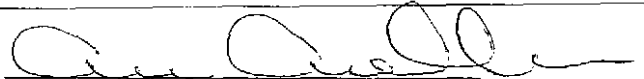
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15 **CERTIFICATE OF MAILING**

16 Pursuant to NRCP 5(b), I certify that I am an employee of the Fourth Judicial District
17 Court, and that on this 12 day of May, 2015, I deposited for mailing in the U.S. Mail at
18 Elko, Nevada, postage prepaid, a true and correct file stamped copy of the foregoing Order
19 addressed as follows:

20 ROBERT OVERHOLSER
21 Confidential

22 TRECY STUART
23 Confidential

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