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Official Record

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CHILD SUPPORT ENFORCEMENT

Eureka County - NV

Sara Simmons - Recorder

Fee

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Book- 588 Page- 0140



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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.**

FILED

1 CASE NO. DR-UI-15-623

2 DEPT. NO. 1

2019 JAN 21 AM 11:07

ELKO CO DISTRICT COURT

CLERK DEPUTY *[Signature]*

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5 **FOURTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
6 **IN AND FOR THE COUNTY OF ELKO**
7 **FAMILY DIVISION**

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10 DIVISION OF WELFARE AND
11 SUPPORTIVE SERVICES and
12 JOLENE MONA MARIE RODRIGUEZ,

**ORDER AND NOTICE
OF ENTRY OF ORDER**

13 Obligee,

14 vs.

15 KODY JAMES KNOWLES-FOX,

16 Obligor.

17
18 The Court, having reviewed the Master's Recommendation prepared by the Court Master
19 on November 25, 2015, and,

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

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

IT IS THEREFORE ORDERED AS FOLLOWS:

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

26 <u>NAME</u>	27 <u>D.O.B.</u>
Grayson James Fox	February 25, 2015

- 28 2. (x) A Judgment is entered against Obligor for child support arrears in the amount of



\$1,996.80 from July 1, 2015 through October 31, 2015. This shall be paid at \$60.00 a month starting November 1, 2015 until paid in full. A Judgment is entered against Obligor for interest on child support arrears in the amount of \$0.00 from July 1, 2015 through October 31, 2015. A Judgment is entered against Obligor for penalties on child support arrears in the amount of \$0.00 from July 1, 2015 through October 31, 2015.

3. (x) The Obligor shall pay \$499.20 per month in ongoing support beginning November 1, 2015 and on the same day each month thereafter until further order of this Court.
4. (x) The Obligor shall pay \$0.00 per month in ongoing medical cash support beginning November 1, 2015 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/her 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.

5. (x) The Obligee 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

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 covered by insurance, upon being provided by Obligee with adequate documentation/billing regarding said expenses and any EOB or other insurance payment documentation.
7. (x) The Obligor shall notify the State Child Support Office or the District Attorney's Child Support Office of any change of address or employment within ten (10) days.
8. (x) A wage/income withholding shall be issued starting immediately.
9. Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications.
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 federal income tax returns will be undertaken upon entry of this Order.
11. If any determination of paternity in this Order is at variance with the child's birth certificate issued in this state, a new birth certificate is to be issued pursuant to NRS 440.325.
12. Both parties shall notify the District Attorney's Office, Child Support Enforcement Agency in WRITING of any change of address, change of telephone number, change of employment, change of custody, access to health insurance coverage or change in health insurance policy information, or entry of any other Order relative to child support.

SO ORDERED this 15 day of Jan., 2016 ~~December, 2015.~~

Nancy Porter
HON. NANCY PORTER
DISTRICT JUDGE
FOURTH JUDICIAL DISTRICT COURT

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

20 day of JAN, 2016

Carol Jermol

CLERK

RECEIVED
JAN 22 2016
ELKO SEP

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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 21 day of ~~December~~^{January}, 2015, I personally hand delivered a true and
4 correct file stamped copy of the foregoing Order to:

5 Kathrine Bryant, 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 21 day of ~~December~~^{January}, 2015, I deposited for mailing in the U.S.
18 Mail at Elko, Nevada, postage prepaid, a true and correct file stamped copy of the foregoing
19 Order addressed as follows:

20 KODY JAMES KNOWLES-FOX
21 Confidential

22 JOLENE MONA MARIE RODRIGUEZ
23 Confidential

24 



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