

SEE INSTRUCTIONS ON THE BACK OF PAGE 1

FILL IN ALL INFORMATION BLOCKS Enter NA for Not Applicable or UNK for unknown as appropriate.

COURT/ADMINISTRATIVE AGENCY IDENTIFICATION AND CASE NUMBER IN THE NINTH JUDICIAL DISTRICT COURT  
CASE NO. 18728 OF THE STATE OF NEVADA  
DEPT. NO. 2 IN AND FOR DOUGLAS COUNTY

PLAINTIFF/PETITIONER  
STATE OF OREGON,  
DEPARTMENT OF HUMAN RESOURCES,

D. DALEY

VS

DEFENDANT/RESPONDENT  
DENNIS ADAIR,

IV-D  NON IV-D

OTHER REFERENCE NUMBER

### ORDER AND JUDGMENT

This matter was heard on (date) NOVEMBER 21, 1988 before NORMAN C. ROALSON  
with the following persons present: DISTRICT JUDGE

Petitioner:  present  not present Represented by: HAROLD KUEHN  
Respondent:  present  not present Represented by: HIMSELF  
DEPUTY DISTRICT ATTORNEY

After considering all of the evidence, the Court/Administrative Agency FINDS:

- That the defendant/respondent could not be located for service of process.
- That the Court/Administrative Agency has jurisdiction of the parties and subject matter of this case.
- That the defendant/respondent is not obligated to pay support on the following grounds:
- That the defendant/respondent is the parent of the following children:

NAME	DATE OF BIRTH
<u>JESSICA M. ADAIR</u>	<u>AUGUST 4, 1975</u>
<u>JEREMY M. ADAIR</u>	<u>DECEMBER 31, 1977</u>

- That the defendant/respondent owes a duty of support to the following dependents:

NAME	DATE OF BIRTH	RELATIONSHIP TO DEFENDANT/RESPONDENT
<u>JESSICA M. ADAIR</u>	<u>AUGUST 4, 1975</u>	<u>DAUGHTER</u>
<u>JEREMY M. ADAIR</u>	<u>DECEMBER 31, 1977</u>	<u>SON</u>

- That \$150.00 per month per CHILD FOR is a reasonable amount of support for defendant/respondent to pay.  
A MONTHLY TOTAL OF \$300.00
- That the defendant/respondent is in arrears in the amount of \$ 41,523.49 as of NOVEMBER 21, 1988.
- That the defendant/respondent owes reimbursement in the amount of \$ \_\_\_\_\_ as of \_\_\_\_\_.

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**ORDER AND JUDGMENT**

CASE NUMBER

Findings (continued)

INCOME	AMOUNT	PER
GROSS		
NET		

9.  That the defendant/respondent's income is: .....

10.  The Court/Administrative Agency further finds that: *DEFENDANT HAS PAID \$ 776.52 FOR MEDICAL INSURANCE FOR HIS MINOR CHILDREN.*

THEREFORE. It is hereby ordered that:

1.  This petition and supporting documents be returned to the initiating jurisdiction for location of the defendant/respondent.
2.  This case be dismissed.
3.  The defendant/respondent is the parent of the following children:

NAME	DATE OF BIRTH
<i>JESSICA M. ADAIR</i>	<i>AUGUST 4, 1975</i>
<i>JEREMY M. ADAIR</i>	<i>DECEMBER 31, 1977</i>

4.  Judgment is entered in favor of plaintiff/petitioner. *STATE OF OREGON, DEPT. OF HUMAN RESOURCES,* and against defendant/respondent in the amount of \$ *41,523.48* for arrearages.
5.  Judgment is entered in favor of plaintiff/petitioner. \_\_\_\_\_ and against defendant/respondent in the amount of \$ \_\_\_\_\_ for reimbursement.
6.  The defendant/respondent shall pay \$ *350.00* per *MONTH BY CERTIFIED CHECK,* ~~CASHIER'S CHECK OR MONEY ORDER BEGINNING DECEMBER 1, 1988~~, to be paid as follows:

PAYEE #1 (NAME AND ADDRESS)	FOR	AMOUNT
<i>DOUGLAS COUNTY CLERK P.O. Box 218 MINDEN, NV 89423 CASE NO. 18728 (ADAIR)</i>	CHILD SUPPORT	<i>\$ 300.00</i>
	CHILD SUPPORT ARREARAGE	<i>50.00</i>
	REIMBURSEMENT	
	SPOUSAL SUPPORT	
	SPOUSAL SUPPORT ARREARAGE	
	PAYEE #1 TOTAL	<i>\$ 350.00</i>

PAYEE #2 (NAME AND ADDRESS)	FOR	AMOUNT
	CHILD SUPPORT	
	CHILD SUPPORT ARREARAGE	
	REIMBURSEMENT	
	SPOUSAL SUPPORT	
	SPOUSAL SUPPORT ARREARAGE	
	PAYEE #2 TOTAL	\$

7.  The defendant/respondent shall provide health insurance coverage for the child(ren) and provide assistance in obtaining payment for insured services.

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Order/Judgment (continued)

8.  The defendant/respondent shall pay medical expenses, including dental and ophthalmological services for the child(ren) as follows:

9.  The defendant/respondent shall pay and judgment is entered in favor of:

PAYEE (NAME AND ADDRESS)	FOR	AMOUNT
	COURT COSTS	
COST OF PATERNITY TESTS		
PLAINTIFF/PETITIONER'S ATTORNEY'S FEES		
OTHER: (BOND)		
	TOTAL JUDGMENT	\$

(NAME OF BONDSMAN IF APPLICABLE)

10.  The defendant/respondent shall notify the Court/Administrative Agency of any change of address/employment within 10 days.

11.  It is further ordered that: *DEFENDANT IS ALLOWED TO OFFSET HIS CHILD SUPPORT ARREARS BY \$ 776.50 WHICH REPRESENTS THE AMOUNT THE DEFENDANT PAID AS MEDICAL INSURANCE FOR HIS MINOR CHILDREN. THIS AMOUNT IS REFLECTED IN THE \$ 41,523.48 ARREARAGE IN FINDING OF FACT NO. 7.*

12.  NOTICE: This is an income withholding order. Support payments in arrears by 30 days may be withheld from income without further order of any court or further application for services.

DATE	PRESIDING OFFICER
11-30-88	<i>[Signature]</i>
DATE	JUDGE
11-30-88	<i>[Signature]</i>

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ORDER AND JUDGMENT

COPY

**CERTIFIED COPY**

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

**SEAL**

DATE: November 30, 1988

B. Reed Clerk of the 9th Judicial District Court of the State of Nevada, in and for the County of Douglas.

By [Signature] Deputy

REQUESTED BY  
**DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

D.A.

'88 DEC -1 P2:04

SUZANNE BEAUDREAU  
RECORDER

\$  PAID 94 DEPUTY **191799**  
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