FILED

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1	COURT/ADMINISTRATIVE AGENCY IDENTATION MONTACASE NUMBER
2	Case No. 21575 BARBARA REED
3	Dept. 1 By H. CHAPPELIDEFUTY
4	\ \
5	IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
6	IN AND FOR THE COUNTY OF DOUGLAS
7	
8	PLAINTIFF/PETITIONER
9	DIANE GALE FABBRI,
10	\underline{x} IV-D NON IV-D
11	DEFENDANT/RESPONDENT
12	JOHN ANTHONY FABBRI,
13	ORDER AND JUDGMENT
14	This matter was heard on September 5, 1989, before
15	DAVID R. GAMBLE, District Court Judge, with the following
16	persons present:
17 18	Petitioner: present not present
10 19	represented by: LORNA L. WARD, DEPUTY DISTRICT ATTORNEY
20	DOUGLAS COUNTY, NEVADA
21	Respondent: not present :
22	represented by: HENRY C. MARTILLARO
23	AFTER CONSIDERING ALL OF THE EVIDENCE, THE COURT FINDS:
24	1 That the defendant/respondent could not be located for service of process.
25	2 That the Court has jurisdiction of the parties and
26	subject matter of this case.
27	3 That the defendant/respondent is not obligated to pay support on the following grounds:
	210849

Y, DV

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- 11		· ·	
1	4	That the defendant/responder following child/ren:	nt is the parent of the
2		SARAH ROSE FABBRI	Born: November 19, 1973
3		AARON JOHN FABBRI	Born: August 15, 1975 Born: April 2, 1980
		EMILY LOUISE FABBRI SOPHIA ANNE FABBRI	Born: August 6, 1982
4			
5	5	That the defendant/responder the following dependent/s:	nt owes a duty of support to
6		SARAH ROSE FABBRI	Born: November 19, 1973
	.	AARON JOHN FABBRI	Born: August 15, 1975
7	ĺ	EMILY LOUISE FABBRI	Born: April 2, 1980
8	ļ ·	SOPHIA ANNE FABBRI	Born: August 6, 1982
٦	_	/	reasonable amount of support
9	6	for defendant/respondent to	reasonable amount of support pay.
10	7.	That the defendant/responder	nt is in arrears in the
11	′ • -	amount of \$2,228.00 as of S	eptember 5, 1989.
12	8	That the defendant/responder amount of as of	ent owes reimbursement in the
13		That the defendant/responde	ntle income is:
Į	9	That the derendant/responde	ant's income is.
14		Gross Income	per
15	Į.	Net Income	per
10			
16	10.	The Court further finds th	nat:
	1	THEREFORE, IT IS HE	REBY ORDERED THAT:
17			
18	1.	This petition and supporting	documents be returned to the
10	-	initiating jurisdiction for	location of the defendant/
19		respondent.	/
4	2	This case be dismissed.	/
20	<i>y</i>		
21/	3.	✓ That the defendant/responder	ent is the parent of the
	<u> </u>	following child/ren:	
22	11	SARAH ROSE FABBRI	Born: November 19, 1973
23		AARON JOHN FABBRI	Born: August 15, 1975
س	N.	EMILY LOUISE FABBRI	Born: April 2, 1980
24		SOPHIA ANNE FABBRI	Born: August 6, 1982
- ^	The state of the s	Judgment is entered in favo	or of plaintiff/petitioner
2 5	4.	DIANE CALE FARBET, and again	inst defendant/respondent in
26	The Road of the Lot	the amount of \$2,228.00 for	r arrearages.
40	11		
27	11		
	il .		210849
28			2
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5.		Judgmen	t is ent	an	d agai	nst dei	fenda	nt/res	ponde	nt
i		in the	amount o		for	reimbu	ırsem	ent.	-	
6.	~	That de	fendant/	respond	lent sh	all pay	y \$32	2.80 g	er mo	nth,
		PAYEE:	DOUGLAS	COUNTY	CLERK			/ /	PORT	\$272.8 50.0
			P.O. Bo	x 218			REIM	BURSEN		
			1121140117					ARAGE	\	\$322.8
7.		The def	endant/r	esponde	ent sha insure	ll provid serv	vide ices.	healt	n insu	rance
8.		The def	endant r	responde	ent sha	ll pav	medi	cal ex	kpense	s,
		includi child(r	ng denta en) as f	ollows:	pnenai	morogr	cal s	ervic.	es tor	che
9.				esponde:	ent sha	ill pay	and	judgmo	ent is	entere
		PAYEE:			///		/-			·
							PET	TIONE		
		/						R: (B	OND)	·
		(Name o	of bonds	nan if a	applica	able)	\bigcirc	IOIA	.	
10.	<u> </u>	The def	<pre>fendant/: of addre</pre>	responde ess/emp	ent sha loyment	all not withi	ify on 10	he Co	urt of	any
11.	V	It is	further (ordered	that:					
		support	t obliga	tion sh	all be	due	on	the 8	th day	nild of
		Septeml 8th da	ber, 19 y of e	89, and	shal	l cont	tinue	due	on	the
		C	2) Defen	dant's	\$322.80 8th day) month	ly pa	ayment	shall	l be
			(3) ren ema	That ancipate	whe e/s,	n defe	defen endar	idant's it	sl	inor hall
		continuous satisf	ue· t action	o pay	y \$272	.80 exist	per ing	month child	tor sup	ward port
		arrear	5.							
								2	21084	19
	7.8.9.	7	That de to be p PAYEE: 7. The def obtaini 8. The def includichild (r.) 9. The def in favo PAYEE: (Name of the change) 11. It is for the def change of the change of the change of the continuous satisfications arrears.	In the amount of That defendant/ to be paid as f PAYEE: DOUGLAS Case #2 P.O. Bo Minden, The defendant/ obtaining payme 8 The defendant r including denta child(ren) as f 9 The defendant/ in favor of: PAYEE: (Name of bonds 10 The defendant/ change of addre 11 It is further of (1) support obligates September, 19 8th day of ecorder of this of (2) Defendent of the continue	in the amount of That defendant/respond to be paid as follows: PAYEE: DOUGLAS COUNTY Case \$21575 (F.O. Box 218 Minden, NV 89 M	In the amount of for That defendant/respondent shat to be paid as follows: PAYEE: DOUGLAS COUNTY CLERK Case \$21575 (FABBRE) P.O. Box 218 Minden, NV 89423 7. The defendant/respondent shat obtaining payment for insures 8. The defendant respondent shat including dental and ophthal child(ren) as follows: 9. The defendant/respondent shat in favor of: PAYEE: (Name of bondsman if application favor of: PAYEE: (1) Defendant's support obligation shall be september, 1989, and shall shad ay of each month order of this Court. (2) Defendant's \$322.86 due on or before the 8th day (3) That whe child/ren emancipate/s, continue to pay \$272 satisfaction of then arrears.	In the amount of for reimbut of for reimbut of for reimbut of be paid as follows: PAYEE: DOUGLAS COUNTY CLERK Case #21575 (FABBRE) P.O. Box 218 Minden, NV 89423 7 The defendant/respondent shall proportion obtaining payment for insured service in the defendant respondent shall pay including dental and ophthalmologic child (ren) as follows: 9 The defendant/respondent shall pay in favor of: PAYEE:	and against defenda in the amount of for reimbursem 7. That defendant/respondent shall pay \$32 to be paid as follows: PAYEE: DOUGLAS COUNTY CLERK CHIL Case \$21575 (FABER.) ARRE P.O. Box 218 REIM Minden, NV 89423 SPOU ARRE 7. The defendant/respondent shall provide obtaining payment for insured services. 8. The defendant respondent shall pay medi including dental and ophthalmological s child(ren) as follows: 9. The defendant/respondent shall pay and in favor of: PAYEE: COURT PATE PLAIN PETI ATTO OTHER (Name of bondsman if applicable) 10. The defendant/respondent shall notify to change of address/employment within 10 11. It is further ordered that: (1) Defendant's \$322.80 m support obligation shall be due on September, 1989, and shall continue 8th day of each month thereafter order of this Court. (2) Defendant's \$322.80 monthly pay due on or before the 8th day of each continue to pay \$272.80 per satisfaction of then existing	and against defendant/res in the amount of for reimbursement. 6. That defendant/respondent shall pay \$322.80 g to be paid as follows: PAYEE: DOUGLAS COUNTY CLERK CHILD SUPI Case #21575 (FABBR:) ARREARAGE P.O. Box 218 REIMBURSE ARREARAGE TOTAL 7. The defendant/respondent shall provide health obtaining payment for insured services. 8. The defendant respondent shall pay medical exincluding dental and ophthalmological service child(ren) as follows: 9. The defendant/respondent shall pay and judgment in favor of: PAYEE: COURT COST PATERNITY PLAINTIFF/PETITIONE ATTORNEY'OTHER: (B TOTA (Name of bondsman if applicable) 10. The defendant/respondent shall notify the Cochange of address/employment within 10 days. 11. It is further ordered that: (1) Defendant's \$322.80 monthly support obligation shall be due on the 8 September, 1989, and shall continue due 8th day of each month thereafter unti order of this Court. (2) Defendant's \$322.80 monthly payment due on or before the 8th day of each month. (3) That when defendant' child/ren emancipate/s, defendant continue to pay \$272.80 per month satisfaction of then existing child arrears.	and against defendant/responder in the amount of for reimbursement. 6. That defendant/respondent shall pay \$322.80 per mo to be paid as follows: PAYEE: DOUGLAS COUNTY CLERK CHILD SUPPORT ARREARAGE REIMBURSEMENT SPOUSAL SUPPORT ARREARAGE TOTAL: 7. The defendant/respondent shall provide health insu obtaining payment for insured services. 8. The defendant respondent shall pay medical expense including dental and ophthalmological services for child(ren) as follows: 9. The defendant/respondent shall pay and judgment is in favor of: PAYEE: COURT COSTS PATERNITY TESTS PLAINTIFF/PETITIONER'S ATTORNEY'S FEES OTHER: (BOND) (Name of bondsman if applicable) 10. The defendant/respondent shall notify the Court of change of address/employment within 10 days. 11. VIt is further ordered that: (1) Defendant's \$322.80 monthly change of sach month thereafter until further order of this Court. (2) Defendant's \$322.80 monthly payment shall due on the 6th day of each month thereafter until further order of this Court. (2) Defendant's \$322.80 monthly payment shall due on or before the 8th day of each month. (3) That when defendant's month continue due on the 6th of a continue due on the 6th of a continue due on the 6th of a continue due on 6th day of each month thereafter until further order of this Court. (2) Defendant's \$322.80 monthly payment shall due on or before the 8th day of each month. (3) That when defendant's month continue due on continue to pay \$272.80 per month to satisfaction of then existing child support arrears.

(4) That defendant's monthly payments shall be in the form cashier's check, certified check, or money If the payment is in the form of cash. or in cash. it must be delivered to the Douglas County her office in Minden, Nevada. If the payment is in the form of a cashier's check, certified check, or it must be made payable order, must contain the notation **DOUGLAS** COUNTY CLERK. 21575 (FABBRI), and be either mailed Case No. the Douglas County Clerk at Post Office or delivered Nevada 89423, Minden, Minden. Clerk her office County at. County Clerk shall Douglas Nevada. The LYON COUNTY DISTRICT said payments to transmit ATTORNEY, Child Support Division (Case No. .. C19521), 31 South Main Street, Yerington, NV 89447.

5. Defendant's monthly child support payments must be paid through the Douglas County Clerk. Defendant will not be given credit for any payments

made directly to plaintiff.

6. Defendant is given five days to provide proof to the District Attorney's Office that he is looking for employment, the address of where he is looking for employment, and the name of his prospective employer. Defendant submitted to the Court that he was currently looking for work with West Care, Inc., based out of Salem, Oregon. Defendant shall provide the address of West Care, Inc. to the Douglas County District Attorney's Office within five days of the date of this order.

12. X 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.

/		PRESIDING OFFICER
	0 0 00	David R. Canble
DATE:	9-7-89	JUDGE

.Deputy

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.

DATE:	Sestem	ke()12	INPA
BKe	Clerk of the	Condicion Di	190 /
or the Stat	Clerk of the	for the County	of Douglas

IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA

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