

No fee
DC/DA

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Case No. 95-UR-0118

FILED

Dept. II

NO. _____

'96 JAN-26 A8:44

BARBARA REED
CLERK
D. DALEY

IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF DOUGLAS

CHARLES HARNER,

Petitioner/Obligee,

vs.

SYLVIA T. COLEMAN, AKA
SYLVIA LOUISE DAVIS,
Respondent/Obligor,

ORDER AND JUDGMENT
CONFIRMING MASTER'S
FINDINGS AND
RECOMMENDATIONS FOR
SUPPORT

ORDER AND JUDGMENT

THIS MATTER having regularly come for hearing before
the Master on the 12 day of January, 1996; the
Petitioner/Obligee being () present () not present; and the
Respondent/Obligor being duly served and () present () not
present, and represented by PRO SE; and SHANNON CIEN
of the Douglas County District Attorney's Office appearing and
representing the State of Nevada's interest in the support and
welfare of the child(ren) pursuant to law. After hearing all of
the evidence and being fully advised in the premises, the Master
makes the following findings and recommendations:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. () The Court has jurisdiction of the parties and of the subject matter of this case.
2. () The Respondent/Obligor is the parent of the following child: DESIREE C. HARNAR Born: 07/23/91

1 3. (✓) The Respondent/Obligor has a duty to support the
2 above-named child;

3 4. (✓) The Respondent/Obligor owes support arrears to
4 the Petitioner/Obligee in the amount of \$ 1500- from
5 _____ through JAN 12, 1996.

6 5. () The Respondent/Obligor's Gross Monthly Income is
7 \$ _____ and _____ % of that amount is \$ _____.

8 6. (✓) The Respondent/Obligor's child support obligation
9 pursuant to NRS 125B.070, NRS 125B.080, or Existing Order is
10 \$ 100- per month;

11 7. () The amount of the child support obligation
12 determined by the Master deviates from the NRS 125B.070
13 percentage formula on the following grounds: _____
14 _____
15 _____

16 8. () This modifies the previously filed or registered
17 Order in Case No. _____, entered on the _____ day of
18 _____, 19____, in the State of _____, County of
19 _____, Court, _____.

20 IT IS FURTHER FOUND THAT: The P is obligated
21 to provide medical insurance under a prior
22 order. This is only an enforcement action
23 NOT a modification action

24 IT IS HEREBY RECOMMENDED THAT:

25 1. (✓) A judgment of support arrears is entered in favor
26 of the Petitioner/Obligee and against the Respondent/Obligor in
27 the amount of \$ 1500- from _____ through JAN 12,
28 1996, and the Respondent/Obligor is to pay \$ 25- per month

1 beginning Feb 1, 1996 and also continuing each
2 and every month thereafter until paid in full.

3 2. (✓) The Respondent/Obligor shall pay \$ 100 per
4 month as and for ongoing child support, beginning FEB 1,
5 1996.

6 3. (✓) The Respondent/Obligor shall pay a total of
7 \$ 125 per month as follows:

8 CHILD SUPPORT: 100 Commencing 2/1/96

9 ARREARS: 25 Commencing 2/1/96

10 SPOUSAL SUPPORT: _____ Commencing _____

11 OTHER: _____ Commencing _____

12 OTHER RECOMMENDATIONS REGARDING PAYMENT: _____

13 _____

14 _____

15 ALL PAYMENTS NOT COLLECTED BY INCOME WITHHOLDING SHALL BE MADE
16 BY MONEY ORDER OR CASHIER'S CHECK. ALL SUCH PAYMENTS SHALL
17 CONTAIN Case No. 950202 (SYLVIA T. COLEMAN). ALL SUCH PAYMENTS
18 SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE
19 RESPONDENT/OBLIGOR TO:

20 DOUGLAS COUNTY CLERK
21 MINDEN INN
22 P.O. BOX 218
MINDEN, NV 89423

23 4. (✓) The Respondent/Obligor is not required to provide
24 health insurance coverage at this time because the Petitioner
25 has not requested enforcement services in this case.

26 5. (✓) Pursuant to NRS 125B.080.7, expenses for health
27 care which are not reimbursed through insurance, including
28 expenses for medical, surgical, dental, orthodontic and optical

379872

BK 0196PG4647

1 expenses, must be borne equally by both parents in the absence
2 of extraordinary circumstances.

3 6. (✓) The Respondent/Obligor shall notify the Douglas
4 County District Attorney's Office, Child Support Division, at
5 782-9881, of any change of address, employment or change in the
6 availability of health insurance coverage within ten (10) days
7 of such change.

8 7. (✓) **THIS IS AN INCOME WITHHOLDING ORDER.** A mandatory
9 wage withholding shall be initiated against the
10 Respondent/Obligor's wages or commissions. This does not
11 preclude the use of other means to collect any arrears or
12 enforce this order, including garnishment, liens, attachments,
13 execution on real or personal property or interception of
14 Federal Income tax refunds.

15 8. () **GOOD CAUSE BEING FOUND BY THE COURT:** _____
16 _____

17 said wage withholding shall be postponed until such time as the
18 Respondent/Obligor becomes (30) days delinquent in payment. **NO**
19 **CREDIT WILL BE GIVEN FOR PAYMENTS NOT MADE BY WAGE/INCOME**
20 **WITHHOLDING OR DIRECTLY THROUGH THE OFFICE OF THE DISTRICT**
21 **ATTORNEY OR OTHER CHILD SUPPORT ENFORCEMENT AGENCY.**

22 9. (✓) Pursuant to NRS 125B.145, this order must be
23 reviewed every three years, upon the request of either party,
24 and is subject to modification or review and adjustment as
25 provided by law.

26 10. (✓) Unless a stay of this Order is obtained from the
27 District Court, all enforcement procedures, including but not
28 limited to wage withholding, garnishments, liens and the

1 interception of Federal Income tax refunds, will be undertaken
2 upon entry of this Order.

3 11. () Interest upon the amount of the judgment for
4 arrears shall accrue at the rate set by NRS 99.040.

5 12. () Prejudgment interest is awarded from _____
6 through _____ at the rate set by NRS 99.040 and based on the
7 Affidavit of Arrears presented in these proceedings.

8 13. () Interest is not ordered based on undue hardship
9 on the Respondent/Obligor.

10 14. () No attorney's fees are awarded as they have not
11 been requested at this time.

12 IT IS FURTHER RECOMMENDED THAT:

13 _____
14 _____
15 _____

16
17 IT IS SO RECOMMENDED.

18
19 Dated this JAN 10, 1995.

20 _____
MASTER

21
22 NOTICE

23 Objections/appeals to this recommendation are governed in
24 part by NRS 425.3844. You have ten (10) days from receipt of
25 this recommendation to file an appeal.

26 If this recommendation is governed by the "Review and
27 Adjustment" guidelines of Federal Regulations. You have thirty
28 (30) days from receipt of this recommendation to file an appeal.

379872

1 FAILURE TO FILE AN APPEAL AND SERVE WRITTEN OBJECTIONS TO
2 THIS RECOMMENDATION WITHIN THE APPROPRIATE TIME LIMITS WILL
3 RESULT IN A FINAL JUDGMENT ORDERED BY THE DISTRICT COURT AGAINST
4 YOU.

5
6 I acknowledge that I have received a copy of the Master's
7 recommendations. Date: Jan 12, 96 Signature: Sylvia Coleman-Davis

8
9 ORDER

10 THE COURT HAVING REVIEWED THE PLEADINGS AND PAPERS ON FILE
11 AND THE MASTER'S RECOMMENDATIONS, AND NO TIMELY OBJECTIONS
12 HAVING BEEN FILED,

13 IT IS HEREBY ORDERED: that the Master's Recommendations be
14 and hereby are affirmed and adopted by the Court and Judgment is
15 entered accordingly.

16
17 Michael P. Gline

18 DATED: Jan 25, 1996

19 _____
20 DISTRICT COURT JUDGE

21
22
23
24
25
26
27
28
379872

123
BKO196PG4650

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: Jan 26, 1996
Clerk of the 9th Judicial District Court
of the State of Nevada, In and for the County of Douglas,

By [Signature] Deputy

379872
BK0196PG4651

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

'96 JAN 26 P3:22

LINDA SLATER
RECORDER
\$ PAID [Signature] DEPUTY