



KAREN ELLISON, RECORDER

1
2 APN # _____
3

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5
6 **Recording Requested by and returned to:**
7

(for Recorder's use only)

8 **Name:** ✓ **Division of Welfare and Supportive Services**
9 **Child Support Enforcement**

10
11 **Address:** **300 E. Second St., Ste. 1200**

12 **City/State/Zip:** **Reno, NV 89501-1580**

13
14 **Release of Lien (RELN)**

15 **Judgment and Order**

16
17 **Stipulation and Order**

18 **Other:**
19

20 **NCP'S NAME: MARTIN CASTELLANOS CONTRERAS**

21 **UPI #: 783-48-1200B**
22

23
24
25 This page added to provide additional information required by NRS 111.312 Sections 1-2.

26 (Additional recording fee applies.)
27

28 This cover page must be typed or printed.

1 CASE NO. 14-UR-0066

2 DEPT. NO. II

3 **IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**

4 **IN AND FOR THE COUNTY OF DOUGLAS**

5
6 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
7 AND TA LISA HOPE ALLEN

8 Obligees,

AFFIDAVIT OF RECORDATION

9 Vs.
10 MARTIN CASTELLANOS CONTRERAS
11 Obligor

12 I, Linda Holcomb, hereby swear and affirm under penalty of perjury that the following assertions are true:

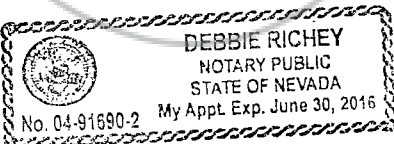
- 13 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada, over the
- 14 age of twenty-one years of age, and an employee of the Division of Welfare and Supportive
- 15 Services Child Support Enforcement Office managing the legal process under Case Number
- 16 783-48-1200B.
- 17 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142 and
- 18 NRS17.150, and when so recorded shall become a lien upon all the real property of the Obligor.
- 19 3. That the Obligor's name is MARTIN CASTELLANOS CONTRERAS, whose address, Social
- 20 Security number and date of birth is confidential on file with the Division of Welfare and
- 21 Supportive Services Child Support Enforcement Office.
- 22 4. That attached hereto is a certified copy of the Judgment and Order filed on NOVEMBER 4,
- 23 2014.

Linda Holcomb

Linda Holcomb
Administrative Assistant II

24 State of Nevada, County of Washoe
25 Subscribed and sworn before me this
14th day of November, 2014

26 *Debbie Richey*
27 NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: MARTIN CASTELLANOS CONTRERAS

Obligee: TA LISA HOPE ALLEN

Date: NOVEMBER 13, 2014

From: Linda Holcomb, Administrative Assistant II, Division of Welfare and Supportive
Services Child Support Enforcement Office

Enclosed: Certified copy of Child Support Judgment and Order

In accordance with NRS125B.142 and NRS17.150, on the behalf of the Division please record the
attached Affidavit and Judgment and Order at the request of the Division of Welfare and Supportive
Services Child Support Enforcement Office.

Please note: If the judgment is a Stipulation and Order, they should be recorded as one document.

Thank you for your assistance. If you have any questions or concerns, please call me at (775) 448-
5154.

COPY RECEIVED

NOV 03 2014

FILED

1 Case No. 14-UR-0066

**DOUGLAS COUNTY
DISTRICT COURT CLERK**

2014 NOV -4 PM 2:49

2 Dept No. II

BOBBIE R. WILLIAMS
CLERK
M. BIAGGINI
BY _____ DEPUTY

3
4
5
6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF DOUGLAS

8
9 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
AND TA LISA HOPE ALLEN

10 Obligee,

11 Vs.

12 MARTIN CASTELLANOS CONTRERAS

13 Obligor

14 _____ /
15 *The undersigned does hereby affirm this document does not contain the social security number of any*
16 *person, pursuant to NRS 239B.030.*

17 JUDGMENT AND ORDER

18 This matter was heard on October 10, 2014, before the Court Master with the following
19 persons present:

20 Obligee: Present () Not Present Represented by: _____

21 Obligor: Present () Not Present Represented by: _____

22 Presented by: Iola Carpenter Department of Health and Human Services
23 Child Support Enforcement

24 After considering all of the evidence, the Master hereby makes the following Findings and
25 Recommendations:

26 The Obligor was properly served on July 20, 2014, with a Notice and Finding of Financial
27 and Responsibility.
28

1 Obligor is the father of Ei Niyah Edna Laray Allen, born April 8, 2014.

2 () Obligor was properly served and noticed of today's hearing at his/her last known
3 address and failed to appear.

4 () Obligee was properly noticed of today's hearing on or about _____.

5 (X) Obligor's gross monthly earnings are \$ 989.00. Pursuant to the formula
6 prescribed within NRS 125B.070, 18% of those earnings, the state calculates a support
7 obligation in the sum of \$ 178.00.

8 Gross monthly income based on actual earnings.

9 (X) The Child support amount recommended by the Court Master (set out in paragraph 4
10 below) deviates from the statutory percentage because under NRS 125B.080, the
11 following factors were considered: deviation, allowed

12 for the support of other children.
13 _____
14 _____

15 THE RECOMMENDED ORDER:

16 1. (X) The Obligor shall pay \$ 125.00 per month in ongoing support beginning
17 November 1, 2014. The obligation for Child Support continues until the
18 child turns 18 years of age, or until the child turns 19 years of age if the child is
19 enrolled in High School. However, this obligation to support a child is affected by a
20 child's ability to live on their own (NRS129.080 to 129.140 – legal emancipation) or
21 when applicable, continued financial support beyond the age of majority per
22 NRS125B.110.

23 2. (X) An arrears Judgment is entered in the amount of \$ 1,293.00 for/through
24 April 1, 2014 through October 31, 2014.

25 (X) To be paid by payments of \$ 25.00 per month beginning November 1, 2014.

26 All payments MUST be made in the form of a money order, cashier's check or business
27 check and payable to **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
28 and sent to:

1 STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)

2 P.O. BOX 98950

3 LAS VEGAS, NV 89193-89501

4 The following information must be included with each payment:

5 A. Name (first, middle, last) of person responsible for paying child support.

6 B. Social Security Number of person responsible for paying child support.

7 C. Child support case number 783-48-1200B listed on each payment.

8 D. Name of custodian (first and last name of person receiving child support).

9 **PAYMENT OF SUPPORT IS TO BE AS PROVIDED HEREIN, AND THE GIVING**
10 **OF GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE**
11 **WILL NOT FULFILL THE OBLIGATION.**

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

14 3. All payments shall be made by immediate income withholding. If you pay your child
15 support through income withholding and your full obligation is not met by the amount
16 withheld by your employer, you are responsible to pay the difference between your
17 court ordered obligation and the amount withheld by your employer directly to the
18 STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU). If you fail to do so
19 you will be subject to the assessment of penalties and interest. You may avoid these
20 additional costs by making your current child support payments each month.

21 4. () The Obligor shall provide health insurance coverage for the child when available at
22 a reasonable cost through employment or other group policy. The Obligor shall also
23 provide assistance in obtaining payment for insured services.

24 5. (X) The Obligee shall provide health insurance coverage for the child when available
25 through employment or group policy under a plan that is reasonable in cost as defined
26 in NRS 125B.085 and Obligor shall pay \$ 49.00 per month for health insurance
27 premium (medical cash) effective November 1, 2014. Medical costs incurred for the
28 above-referenced period have not yet been determined. The State's rights to recover
said costs are not waived by way of this order.

1 6. Pursuant to NRS 125B.080(7), expenses for health care which are not reimbursed
2 through insurance, including expenses for medical, surgical, dental, orthodontic and
3 optical expenses, must be shared equally by both parents.

4 7. The Obligor shall keep Division of Welfare and Supportive Services informed of any
5 change regarding current employment and of access to health insurance coverage in
6 **WRITING** (including health insurance policy information) within 10 days of such
7 change.

8 8. Obligor shall be responsible for ALL child support and judgment payments due.
9 Payment is to be made directly to the STATE COLLECTION AND DISBURSEMENT
10 UNIT (SCaDU). At any time withholding does not occur, Obligor must make
11 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT
12 (SCaDU).

13 9. Effective July 1, 2004 simple interest will accrue on all adjudicated arrears balances
14 (including payment in lieu of medical insurance) and spousal support balances, for
15 cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
16 judgment of the court prior to July 1, 2004 will be enforced. Interest on the judgment
17 shall accrue at the rate established by NRS 125B.140(2)(c)(1).

18 10. Pursuant to NRS125B.095, a late fee/penalty of 10% (ten percent) of the unpaid
19 monthly child support amount will be added to the arrears balance of the Obligor if the
20 Obligor becomes delinquent in the amount owed for one month's support.

21 11. The State of Nevada has continuing exclusive jurisdiction for enforcement and
22 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
23 Act.

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1 It is further ordered that: See page 3 lines 9-12. The court
 2 ordered all parties to submit to Genetic Testing pursuant
 3 to the Obligor's request. If the Genetic Test results
 4 indicate that the obligor is the biological father of
 5 Ei Niyah, the Obligor will be responsible for the Genetic
 6 Testing fees of \$114.00 to be repaid at \$10/mo effective November
 7 1, 2014. If the results indicate Obligor is not the biological
 8 father of Ei Niyah, this case will be rescheduled for hearing
 9 to address the genetic testing results.

SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

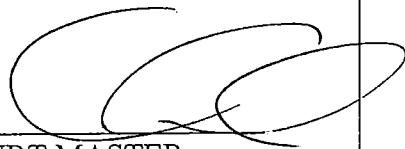
| | | | |
|----|-------------------------------|-------------------------|----------------------------|
| 10 | Child Support..... | \$ <u>125.00</u> | Effective <u>11/1/2014</u> |
| 11 | Child Support Arrearages..... | \$ <u>25.00</u> | Effective <u>11/1/2014</u> |
| 12 | Medical Cash..... | \$ <u>49.00</u> | Effective <u>11/1/2014</u> |
| 13 | TOTAL PAYMENT..... | \$ <u>199.00</u> | |

14 Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject
 15 to future modifications.

16 Unless a stay of this Order is obtained from District Court, all enforcement procedures
 17 including, but not limited to wage withholding, garnishment, liens and the attachment of
 18 federal income tax returns will be undertaken upon entry of this Order.

19 **IT IS SO RECOMMENDED.**

20
 21 This 10 day of Oct., 2014.

22 
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 27
 28
 COURT MASTER

1 Case No. 14-UR-0066

2 Dept No. II

3
4 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
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6 IN AND FOR THE COUNTY OF DOUGLAS

7 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
8 AND TA LISA HOPE ALLEN
9 Obligee,

10 Vs.

11 MARTIN CASTELLANOS CONTRERAS
12 Obligor
_____ /

13 CERTIFICATE OF MAILING

14
15 Pursuant to NRCp 5(b), I certify that on this date I deposited for mailing at Reno,
16 Nevada, a true copy of the attached document addressed to:

17 MARTIN CASTELLANOS CONTRERAS
18 CONFIDENTIAL
19 IN FILE

20 TA LISA HOPE ALLEN
21 CONFIDENTIAL
22 IN FILE

23 DATED: October 13, 2014

24 SIGNED: Linda Holcomb
25 LINDA HOLCOMB
26 ADMINISTRATIVE ASSISTANT II

27 DOCUMENTS: JUDGMENT AND ORDER
28 CASE NO. 14-UR-0066

COPY

RECEIVED

NOV 10 2014

STATE OF NEVADA
CHILD SUPPORT PROGRAM

CERTIFIED COPY

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

DATE November 4, 2014

BOBBIE R. WILLIAMS Clerk of Court
of the State of Nevada, in and for the County of Douglas,

By M. Bragg Deputy