



KAREN ELLISON, RECORDER

1  
2 APN # \_\_\_\_\_  
3

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5  
6 Recording Requested by and returned to:

(for Recorder's use only)

7  
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  Stipulation and Order  
17  
18  Other:  
19

20 NCP'S NAME: JAMES ALLEN JACKSON  
21  
22 UPI #: 875-70-6000A  
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-0089

2 DEPT. NO. I

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 CARYN ELIZABETH BUTTZ

8 Obligees,

AFFIDAVIT OF RECORDATION

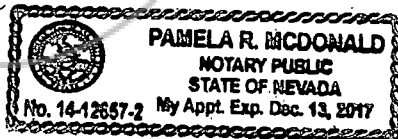
9 Vs.  
10 JAMES ALLEN JACKSON  
11 Obligor

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
- 16 875-70-6000A.
- 17 2. That this affidavit and Judgment and Order 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 JAMES ALLEN JACKSON, whose address, Social Security number
- 20 and date of birth is confidential on file with the Division of Welfare and Supportive Services
- 21 Child Support Enforcement Office.
- 22 4. That attached hereto is a certified copy of the Judgment and Order filed on FEBRUARY 6,
- 23 2015.

24 *Linda Holcomb*  
25 Linda Holcomb  
26 Administrative Assistant II

27 State of Nevada, County of Washoe  
28 Subscribed and sworn before me this  
20th day of February, 2015  
*Pam Donald, AAT*  
NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: JAMES ALLEN JACKSON

Obligee: CARYN ELIZABETH BUTTZ

Date: February 20, 2015

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

FILED

1 Case No. 14-UR-0089

RECEIVED

2015 FEB -6 AM 10: 38

2 Dept No. I

FEB - 5 2015

BOBBIE R. WILLIAMS  
CLERK

Douglas County  
District Court Clerk

D. HECIMOVICH

6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF DOUGLAS

9 DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
AND CARYN ELIZABETH BUTTZ

Obligee,

11 Vs.

12 JAMES ALLEN JACKSON

Obligor

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 JANUARY 9, 2015, before the Court Master with the following  
19 persons present:

20 Obligee: ( ) Present (X) Not Present Represented by: \_\_\_\_\_

21 Obligor: ( ) Present (X) 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 OCTOBER 31, 2014, with a Notice and Finding of  
27 Financial and Parental Responsibility.  
28

Obligee has named Obligor, JAMES ALLEN JACKSON, as the father of GAVIN LUKAS CHRISTOPHER, born JUNE 25, 2014.

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

Obligee was properly noticed of today's hearing on or about December 19, 2014.

Obligor's gross monthly earnings are \$ 0. Pursuant to the formula prescribed within NRS 125B.070, 18% of those earnings, the state calculates a support obligation in the sum of \$ 0.

Gross monthly income based on no documented earnings.

The Child support amount recommended by the Court Master (set out in paragraph 4 below) deviates from the statutory percentage because under NRS 125B.080, the following factors were considered: NV Statutory minimum applies.

THE RECOMMENDED ORDER:

1.  The Obligor is the parent of the following child:

<u>NAME</u>	<u>D.O.B.</u>
<u>GAVIN LUKAS CHRISTOPHER</u>	<u>JUNE 25, 2014</u>

2.  That said child's birth certificate be amended by entering the name of JAMES ALLEN JACKSON as the father of said child and that the Court order the state registrar of vital statistics to prepare an amended certificate of birth consistent with this order.

3.  The Obligor shall pay \$ 100.00 per month in ongoing support beginning February 1, 2015. The obligation for Child Support continues until the child turns 18 years of age, or until the child turns 19 years of age if the child is enrolled in High School. However, this obligation to support a child is affected by a child's ability to live on their own (NRS129.080 to 129.140 – legal emancipation) or

1 when applicable, continued financial support beyond the age of majority per  
2 NRS125B.110.

3 4. (X) An arrears Judgment is entered in the amount of \$ 1,120.00 for/through  
4 June 1, 2014 through January 31, 2015.

5 (X) To be paid by payments of \$ 25.00 per month beginning February 1, 2015.

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

9 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**  
10 **P.O. BOX 98950**  
11 **LAS VEGAS, NV 89193-89501**

12 The following information must be included with each payment:

- 13 A. Name (first, middle, last) of person responsible for paying child support.  
14 B. Social Security Number of person responsible for paying child support.  
15 C. Child support case number 875-70-6000A listed on each payment.  
16 D. Name of custodian (first and last name of person receiving child support).

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

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

22 5. All payments shall be made by immediate income withholding. If you pay your child  
23 support through income withholding and your full obligation is not met by the amount  
24 withheld by your employer, you are responsible to pay the difference between your  
25 court ordered obligation and the amount withheld by your employer directly to the  
26 STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU). If you fail to do so  
27 you will be subject to the assessment of penalties and interest. You may avoid these  
28 additional costs by making your current child support payments each month.

- 1 6. ( ) The Obligor shall provide health insurance coverage for the child when available at  
2 a reasonable cost through employment or other group policy. The Obligor shall also  
3 provide assistance in obtaining payment for insured services.
- 4 7. (X) The Obligee shall provide health insurance coverage for the child when available  
5 through employment or group policy under a plan that is reasonable in cost as defined  
6 in NRS 125B.085 and Obligor shall pay \$ 28.00 per month for health insurance  
7 premium (medical cash) effective February 1, 2015. Medical costs incurred for  
8 the above-referenced period have not yet been determined. The State's rights to  
9 recover said costs are not waived by way of this order.
- 10 8. (X) Pursuant to NRS 125B.080(7), expenses for health care which are not reimbursed  
11 through insurance, including expenses for medical, surgical, dental, orthodontic and  
12 optical expenses, must be shared equally by both parents.
- 13 9. The Obligor shall keep Division of Welfare and Supportive Services informed of any  
14 change regarding current employment and of access to health insurance coverage in  
15 **WRITING** (including health insurance policy information) within 10 days of such  
16 change.
- 17 10. Obligor shall be responsible for ALL child support and judgment payments due.  
18 Payment is to be made directly to the STATE COLLECTION AND DISBURSEMENT  
19 UNIT (SCaDU). At any time withholding does not occur, Obligor must make  
20 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT  
21 (SCaDU).
- 22 11. Effective July 1, 2004 simple interest will accrue on all adjudicated arrears balances  
23 (including payment in lieu of medical insurance) and spousal support balances, for  
24 cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a  
25 judgment of the court prior to July 1, 2004 will be enforced. Interest on the judgment  
26 shall accrue at the rate established by NRS 125B.140(2)(c)(1).  
27  
28

- 1 12. Pursuant to NRS125B.095, a late fee/penalty of 10% (ten percent) of the unpaid
- 2 monthly child support amount will be added to the arrears balance of the Obligor if the
- 3 Obligor becomes delinquent in the amount owed for one month's support.
- 4 13. ( ) All parties shall submit to genetic testing, at the place and time so designated by
- 5 Division of Welfare and Supportive Services.
- 6 14. The State of Nevada has continuing exclusive jurisdiction for enforcement and
- 7 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
- 8 Act.

9 It is further ordered that: paternity for child Gavin  
10 is established pursuant to Obligor's  
11 failure to appear for the court hearing.  
12 See page 2 lines 10-13.  
13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_

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SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

Child Support.....	\$ <u>100.00</u>	Effective <u>2/1/2015</u>
Child Support Arrearages.....	\$ <u>25.00</u>	Effective <u>2/1/2015</u>
Medical Cash.....	\$ <u>28.00</u>	Effective <u>2/1/2015</u>
<b>TOTAL PAYMENT.....</b>	<b>\$ <u>153.00</u></b>	

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

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.

**IT IS SO RECOMMENDED.**

This 9 day of January, 2015.

  
\_\_\_\_\_  
COURT MASTER



1 Case No. 14-UR-0089

2 Dept No. I

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

5 IN AND FOR THE COUNTY OF DOUGLAS

6  
7 DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
8 AND CARYN ELIZABETH BUTTZ  
9 Obligee,

10 Vs.

11 JAMES ALLEN JACKSON  
12 Obligor  
\_\_\_\_\_ /

13 CERTIFICATE OF MAILING

14  
15 Pursuant to NRCF 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 JAMES ALLEN JACKSON  
18 CONFIDENTIAL  
19 IN FILE

20 CARYN ELIZABETH BUTTZ  
21 CONFIDENTIAL  
22 IN FILE

23 DATED: January 13, 2015

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

27 DOCUMENTS: JUDGMENT AND ORDER  
28 CASE NO. 14-UR-0089

**ARREARAGE WORKSHEET**

NON CUSTODIAL PARENT: <b>JAMES JACKSON</b>		IV-D CASE NUMBER: <b>875706000A</b>		PAO OFFICE: <b>RENO</b>	COMPLETION DATE: <b>12/15/2014</b>
CUSTODIAL PARENT: <b>CARYN BUTTZ</b>		IV-D CASE WORKER: <b>J. LOPEZ</b>		COUNTY: <b>DOUGLAS</b>	DOCKET NUMBER:
<i>DATE</i>	<i>ASST PAID</i>	<i>RQSTD OBL</i>	<i>PAYMENTS</i>	<i>COURT ORDERED OBLIGATION</i>	<i>NOTES/COMMENTS</i>
Jun-2014		\$226.00			2ND Q 14 \$3764./3=\$1255. X 18%
Jul-2014		\$100.00			ACTUALS \$365.00 X 18%.ST MIN
Aug-2014		\$294.00			" " \$1633.00 X 18%
Sep-2014		\$100.00			" " \$423.00 X 18%. ST MIN
Oct-2014		\$100.00			NO RECORD OF WAGES-ST MIN
Nov-2014		\$100.00			
Dec-2014		\$100.00			
Jan-2015		\$100.00			
<b>TOTALS:</b>		<b>\$1,120.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LESS PMTS:</b>		<b>\$1,120.00</b>			

COPY

**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 February 6, 2015

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

By [Signature] Deputy

**RECEIVED**  
FEB 10 2015  
STATE OF NEVADA  
CHILD SUPPORT PROGRAM