



KAREN ELLISON, RECORDER

(for Recorder's use only)

1
2 APN # _____
3

4
5
6 Recording Requested by and returned to:
7

8 Name: Division of Welfare and Supportive Services

9 Child Support Enforcement

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

11 City/State/Zip: Reno, NV 89501-1580

12 _____ Release of Lien (RELN)

13
14 X Judgment and Order

15 _____ Stipulation and Order

16
17 _____ Other:
18

19 OBLIGOR'S NAME: ESEQUIEL MENDOZA

20 UPI #: 688-22-8000A
21
22

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

25 (Additional recording fee applies.)
26

27 This cover page must be typed or printed.
28

1 CASE NO. 15-UR-0054

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 JUANA GOMEZ, CUSTODIAN
8 Obligees,

AFFIDAVIT OF RECORDATION

8 Vs.

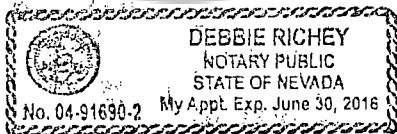
9 ESEQUIEL MENDOZA
10 Obligor

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

- 12 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada, over the
- 13 age of twenty-one years of age, and an employee of the Division of Welfare and Supportive
- 14 Services Child Support Enforcement Office managing the legal process under Case Number
- 15 688-22-8000A.
- 16 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142 and
- 17 NRS17.150, and when so recorded shall become a lien upon all the real property of the Obligor.
- 18 3. That the Obligor's name is ESEQUIEL MENDOZA, whose address, Social Security number
- 19 and date of birth is confidential on file with the Division of Welfare and Supportive Services
- 20 Child Support Enforcement Office.
- 21 4. That attached hereto is a certified copy of the Judgment and Order filed on October 13, 2015.

22 Linda Holcomb
23 Linda Holcomb
24 Administrative Assistant II

25 State of Nevada, County of Washoe
26 Subscribed and sworn before me this
19th day of October, 2015
27 Debbie Richey
NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: ESEQUIEL MENDOZA

Obligee: JUANA GOMEZ

Date: 10/19/2015

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.

RECEIVED

FILED

Case No. 15-UR-0054

OCT 12 2015

OCT 13 PM 4:09

Dept No. I

Douglas County
District Court Clerk

BOBBIE R. WILLIAMS
CLERK

BY D. GOELZ DEPUTY

IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF DOUGLAS

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
AND JUANA GOMEZ, CUSTODIAN

Obligee,

Vs.

ESEQUIEL MENDOZA

Obligor

JUDGMENT AND ORDER

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

This matter was heard on AUGUST 21, 2015. The Court Master with the following persons was present:

Obligee: Present Not Present Represented by: _____

Obligor: Present Not Present Represented by: _____

Presented by: LAUREN KARP

Division of Welfare and Support Services
Child Support Enforcement

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

The Obligor was properly served on JUNE 1, 2015, with a Notice and Finding of Financial and Parental Responsibility.

1 Obligee has named Obligor, ESEQUIEL MENDOZA, as the father of NOAH GOMEZ, born
2 OCTOBER 5, 2014.

3 Obligor's gross monthly earnings are \$0.00. Pursuant to the formula prescribed within
4 NRS 125B.070, 18% of those earnings, the state calculates a support obligation in the
5 sum of \$0.00. Gross monthly income based on No documented earnings.

6 The child support amount recommended by the Court Master (set out in paragraph 2
7 below) deviates from the statutory percentage because under NRS 125B.080, the
8 following factors were considered: Nevada State Statutory Minimum Applies

9 RECOMMENDED ORDER IS:

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

11 NAME

D.O.B.

12 NOAH GOMEZ

OCTOBER 5, 2014

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

16 3. The Obligor shall pay \$100.00 per month in ongoing support beginning
17 SEPTEMBER 1, 2015. The obligation for Child Support continues until the child turns
18 18 years of age, or until the child turns 19 years of age if the child is enrolled in High
19 School. However, this obligation to support a child is affected by a child's ability to
20 live on their own (NRS129.080 to 129.140 – legal emancipation) or when applicable,
21 continued financial support beyond the age of majority per NRS 125B.110.

22 4. An arrears Judgment is entered in the amount of \$1,160.00 for SEPTEMBER 1,
23 2014 through AUGUST 31, 2015.

24 To be paid by payments of \$20.00 per month beginning SEPTEMBER 1, 2015.

25 All payments MUST be made in the form of a money order, cashier's check or business check
26 and payable to **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)** and sent
27 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 688-22-8000A 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 OF**
10 **GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE WILL**
11 **NOT FULFILL THE OBLIGATION. NOTICE: NO CREDIT WILL BE GIVEN FOR**
12 **PAYMENTS PAID DIRECTLY TO THE OBLIGEE.**

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

20 6. The Obligee shall provide health insurance coverage for the child when available
21 through employment or group policy under a plan that is reasonable in cost as defined
22 in NRS 125B.085 and Obligor shall pay \$0.00 per month for health insurance premium
23 (medical cash) effective SEPTEMBER 1, 2015. Medical costs incurred for the above-
24 referenced period have not yet been determined. The State's rights to recover said costs
25 are not waived by way of this order.

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

 8. The Obligor shall keep the Division of Welfare and Supportive Services informed of
 any change regarding current residential and/or mailing address, employment and of

1 access to health insurance coverage in **WRITING** (including health insurance policy
2 information) within 10 days of such change.

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

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

13 11. Pursuant to NRS 125B.095, a late fee/penalty of 10% (ten percent) of the unpaid
14 monthly child support amount will be added to the arrears balance of the Obligor if the
15 Obligor becomes delinquent in the amount owed for one month's support.

16 12. The State of Nevada has continuing exclusive jurisdiction for enforcement and
17 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
18 Act.

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28 ///

1 It is further ordered that: See pg 2; lines 6-8. Prospective interest waived due to hardship

2 **SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:**

3 Child Support.....**\$100.00** Effective SEPTEMBER 1, 2015

4 Child Support Arrearages... **\$20.00** Effective SEPTEMBER 1, 2015

5 Medical Cash.....**\$0.00** Effective SEPTEMBER 1, 2015


6 **TOTAL PAYMENT.....\$120.00**

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

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

12 **IT IS SO RECOMMENDED.**

13
14 This 17 day of Sept., 2015.

15 
16 _____
17 COURT MASTER

1 **NOTICE OF RIGHT TO WAIVE APPEAL**

2 The Obligor waives the ten (10) days for objection to the Master’s Report, and
3 this report may be submitted to the District Court immediately.
4 Receipt of the Master’s Recommendation is acknowledged by my signature below.

5 _____
6 ESEQUIEL MENDOZA, Obligor

7 **NOTICE OF RIGHT TO APPEAL**

8 Appeals are governed by NRS 425.3844. You have 10 (ten) days from receipt of this
9 recommendation to file your appeal. A failure to file and serve a written appeal will result
10 in final Judgment being ordered by District Court.

11 Appeals to this Order **must be filed** with the Ninth Judicial District Court of the State of
12 Nevada and **served upon** the other party and the Division of Welfare and Supportive
13 Services at 300 East Second Street Suite 1200, Reno, NV 89501.

14 You must submit your appeal to the Court Clerk for filing by submitting your original
15 appeal and two copies. Legal advice regarding your appeal will not be provided.

16 For information on obtaining a appeal packet or the appeal process please call the **Division**
17 **of Welfare and Supportive Services at (775) 684-7200 located at 300 East Second**
18 **Street Suite 1200, Reno, NV 89501.**

19 **ORDER**

20 The Court, having reviewed the above and foregoing Master’s Report prepared by the Court
21 Master and,

- 22 The Obligor having waived the right to object thereto.
23 No timely objection having been filed hereto.

24 **IT IS HEREBY ORDERED that the Master’s Findings and Recommendations are**
25 **affirmed and adopted.**

26 Dated: 10/13/15, 2015.

27 _____
28 DISTRICT JUDGE

1 Case No. 15-UR-0054

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 JUANA GOMEZ, CUSTODIAN
9 Obligee,

10 Vs.

11 ESEQUIEL MENDOZA
12 Obligor

13 **CERTIFICATE OF MAILING**

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

16
17 ESEQUIEL MENDOZA
18 CONFIDENTIAL
19 IN FILE

20 JUANA GOMEZ
21 CONFIDENTIAL
22 IN FILE

23 DATED: September 22, 2015

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

27 DOCUMENTS: JUDGMENT AND ORDER
28 CASE NO. 15-UR-0054

ARREARAGE WORKSHEET

NON-CUSTODIAL PARENT:		IV-D CASE NUMBER:		PAO OFFICE:	COMPLETION DATE:
ESEQUIEL MENDOZA		688228000A		Reno	7/23/2015
CUSTODIAL PARENT:		IV-D CASE WORKER:		COUNTY:	DOCKET NUMBER:
JUANA GOMEZ/EVANGALINA CRUZ		B.BABB		DOUGLAS	
DATE	ASST PAID	RQSTD OBL	PAYMENTS	COURT ORDERED OBLIGATION	NOTES/COMMENTS
Sep-14		100.00			PREGNANCY AND CONFINEMENT
Oct-14		100.00			CHILD BORN.
Nov-14		100.00			NO WAGES - STATE MIN
Dec-14		100.00	40.00		
Jan-15		100.00			
Feb-15		100.00			
Mar-15		100.00			
Apr-15		100.00			
May-15		100.00			
Jun-15		100.00			
Jul-15		100.00			
Aug-15		100.00			
TOTALS:	0.00	1200.00	40.00	0.00	
LESS PMTS:		1160.00			

EXHIBIT A

8/14/2015

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 October 13, 2015

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

By [Signature] Deputy

RECEIVED
OCT 14 2015
STATE OF NEVADA
CHILD SUPPORT PROGRAM