



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

13 Release of Lien (RELN)

14 Judgment and Order

15 Stipulation and Order

16 Other:
17
18

19 OBLIGOR'S NAME: RALF LUIGI YAP

20 UPI #: 492-97-9100A
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. 2021-UR-00011

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 SHANNAN NICHOLE HERNANDEZ
7 Obligee,


AFFIDAVIT OF RECORDATION

8 Vs.

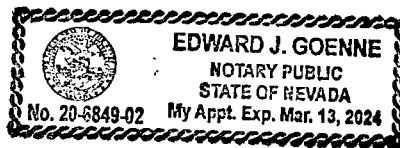
9 RALF LUIGI YAP
10 Obligor

I, Martin Hernandez, hereby swear and affirm under penalty of perjury that the following assertions are true:

- 11 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada, over the
- 12 age of twenty-one years of age, and an employee of the Division of Welfare and Supportive
- 13 Services Child Support Enforcement Office managing the legal process under Case Number
- 14 492-97-9100A.
- 15 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142 and
- 16 NRS17.150, and when so recorded shall become a lien upon all the real property of the Obligor.
- 17 3. That the Obligor's name is Ralp Luigi Yap, whose address, Social Security number and date of
- 18 birth is confidential on file with the Division of Welfare and Supportive Services Child Support
- 19 Enforcement Office.
- 20 4. That attached hereto is a certified copy of the Judgment and Order filed on October 25, 2021.
- 21

22 
 23 _____
 24 Martin Hernandez
 25 Administrative Assistant II

26 State of Nevada, County of WASHOE
 27 Subscribed and sworn before me this
2ND day of DECEMBER, 2021
E. Goenne E. GOENNE
 28 NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: Ralf Luigi Yap

Obligee: Shannan Nichole Hernandez

Date: December 2, 2021

From: Martin Hernandez, 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) 448-5168.

RECEIVED

FILED

Case No. 2021-UR-00011

OCT 22 2021

2021 OCT 25 AM 8:52

Dept No. II

Douglas County
District Court Clerk

BULET R. WILLIAMS
CLERK

[Signature]
DEPUTY

IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF DOUGLAS

SHANNAN NICHOLE HERNANDEZ
Obligee,

Vs.

RALF LUIGI YAP
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 September 10, 2021 for a Notice and Finding of Financial Responsibility. The Court Master with the following were present:

Obligee: Present, via telephone

Obligor: Present, via telephone

Presented by: Jordan Peterman

Division of Welfare and Support Services
Child Support Enforcement

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

The Obligor was properly served on April 17, 2021, with a Notice and Finding of Financial and Responsibility.

1 Obligor is the parent of Rylan David Yap, born February 15, 2015 and Liam Roscoe Yap,
2 born November 6, 2019.

3 Using Federal Poverty Guidelines, Obligor's gross monthly earnings are up to \$805.00.
4 Pursuant to the formula prescribed within NRS 125B.080 and NAC 425 et seq., the
5 state calculates an obligation of \$117.00 per month.

6 *Using actual earnings, Obligee's gross monthly earning are \$4,167.00. Pursuant to the
7 formula prescribed within NRS 125B.080 and NAC 425 et seq., 22% of those earnings,
8 the state calculates an obligation of \$917.00 per month.

9 Obligee's monthly child support obligation is higher than Obligor's monthly obligation
10 therefore Obligee's monthly child support obligation will be \$0.00 per month.

11 (\$117.00 - \$917.00) NAC 425.115 and *Wright v. Osburn*, 114 *Nev. 1367, 1368-1369
12 (1998). The parties agreed on the record that they share joint physical custody.

13 The monthly child support obligation recommended in paragraph 1 below is considered
14 based on the following provisions contained in NAC 425.150:

15 Any special educational needs of the child:	_____	N/A;
16 The legal responsibility of the parties for the support of others:	_____	N/A;
17 The value of services contributed by either party:	_____	N/A;
18 Any public assistance paid to support the child:	_____	N/A;
19 The cost of transportation of the child to and from visitation:	_____	N/A;
20 The relative income of both households:	_____	N/A;
21 Any other necessary expenses for the benefit of the child:	_____	N/A;
22 The Obligor's ability to pay:	_____	N/A;
23 The child(ren)'s derivative benefit from a federal public benefit:	_____	N/A.

24 The child support amount recommended by the Court Master (set out in paragraph 1
25 below) deviates from the statutory percentage under NAC 425 et seq., based on the
26 Obligor's cost of insurance for the child(ren) in the amount of \$NA. NAC 425.135

27 The monthly child support amount recommended in paragraph 1 below deviates/is
28 adjusted from the statutory percentage under NRS 125B.080 and NAC 425 et seq.,
based on the reasonable cost of childcare in amount of \$NA and the Obligor will share
the equitable amount of \$NA as part of the monthly child support obligation. NAC
425.130.

1 THE RECOMMENDED ORDER:

- 2 1. The Obligor shall pay \$0.00 per month in ongoing support beginning
3 October 1, 2021. The obligation for Child Support continues until the child turns 18
4 years of age, or until the child turns 19 years of age if the child is enrolled in High
5 School. However, this obligation to support a child is affected by a child's ability to
6 live on their own (NRS129.080 to 129.140 – legal emancipation) or when applicable,
7 continued financial support beyond the age of majority per NRS 125B.110.
- 8 2. An arrears Judgment is entered in the amount of \$3,214.00 for April 1, 2021
9 through September 30, 2021.
- 10 To be paid by payments of \$100.00 per month beginning October 1, 2021.

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

14 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
15 **P.O. BOX 98950**
16 **LAS VEGAS, NV 89193-89501**

17 The following information must be included with each payment:

- 18 A. Name (first, middle, last) of person responsible for paying child support.
19 B. Social Security Number of person responsible for paying child support.
20 C. Child support case number 492-97-9100A listed on each payment.
21 D. Name of custodian (first and last name of person receiving child support).

22 **PAYMENT OF SUPPORT IS TO BE AS PROVIDED HEREIN, AND THE GIVING OF**
23 **GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE WILL**
24 **NOT FULFILL THE OBLIGATION. NOTICE: NO CREDIT WILL BE GIVEN FOR**
25 **PAYMENTS PAID DIRECTLY TO THE OBLIGEE.**

- 26 3. All payments shall be made by immediate income withholding. If your full obligation
27 is not met by the amount withheld by your employer, you are responsible to pay the
28 difference between your court ordered obligation and the amount withheld by your
employer directly to the STATE COLLECTION AND DISBURSEMENT UNIT
(SCaDU). If you fail to do so you will be subject to the assessment of penalties and

1 interest. You may avoid these additional costs by making your current child support
2 payments each month.

3 4. The Obligee will cover the child(ren)'s medical, vision, or dental health insurance
4 needs using either a private for fee insurance plan or public insurance plan. The
5 accessible and reasonable cost of medical support for the child(ren) is the amount of
6 \$0.00 per month. The Obligor will pay \$0.00 for the monthly medical cash support.
7 NAC 425.135.

8 5. Pursuant to NRS 425.3824(1)(d) and NAC 425 et seq., expenses for health care
9 which are not reimbursed through insurance, including expenses for medical, surgical,
10 dental, orthodontic and optical expenses, must be shared equally by both parents. If a
11 parent seeks reimbursement for a child's medical/dental expense not covered by
12 insurance, that parent must send proof of the expense to the other parent within 30 days
13 of paying that bill. The other parent then has 30 days to reimburse the paying parent
14 1/2 the cost of that bill. The parents are required to comply with this provision for
15 reimbursement under this provision. The parents seeking enforcement of this provision
16 must either go to small claims court or district court to obtain a judgment against the
17 other parent before CSEP is required to collect on that judgment.

18 6. The Obligor shall keep the Division of Welfare and Supportive Services informed of
19 any change regarding current residential and/or mailing address, employment and of
20 access to health insurance coverage in **WRITING** (including health insurance policy
21 information) within 10 days of such change.

22 7. Obligor shall be responsible for ALL child support and judgment payments due.
23 Payment is to be made directly to the STATE COLLECTION AND
24 DISBURSEMENT UNIT (SCaDU). At any time withholding does not occur, Obligor
25 must make voluntary payments to the STATE COLLECTION AND DISBURSEMENT
26 UNIT (SCaDU).

27 8. Effective July 1, 2004 simple interest will accrue on all adjudicated arrears balances
28 (including payment in lieu of medical insurance) and spousal support balances, for

1 cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
2 judgment of the court prior to July 1, 2004 will be enforced. Interest on the judgment
3 shall accrue at the rate established by NRS 125B.140(2)(c)(1).

4 9. The State of Nevada has continuing exclusive jurisdiction for enforcement and
5 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
6 Act.

7 10. The Master finds that these Recommendations are in the best interest of the child(ren).

8 It is further ordered that: Obligee requested to keep children insured herself but does not
9 request on an ongoing medical cash provision. Employment review hearing to be scheduled for
10 January 2022. Obligor to provide proof of new employment or proof of job search to the
11 Division 14 days prior to review hearing. The Master indicated she expects Obligor to be
12 gainfully employed by the next hearing and if he is not, the Master will be inquiring as to
13 unemployment/underemployment without good cause pursuant to NAC 425.125.

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SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

Child Support.....	<u>\$0.00</u>	Effective <u>October 1, 2021</u>
Child Support Arrearages...	<u>\$100.00</u>	Effective <u>October 1, 2021</u>
Medical Cash.....	<u>\$0.00</u>	Effective <u>October 1, 2021</u>
TOTAL PAYMENT.....	<u>\$100.00</u>	

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

NOTICE: Pursuant to NAC 425.165, if you want to adjust the amount of child support established in this order, you **MUST** file a motion to modify the order with or submit a stipulation to the court. If a motion to modify the order is not filed or a stipulation is not submitted, the child support obligation established in this order will continue until such time as all children who are the subject of this order reach 18 years of age or, if the youngest child who is subject to this order is still in high school when he or she reaches 18 years of age, when the child graduates from high school or reaches 19 years of age, whichever comes first. Unless the parties agree otherwise in a stipulation, any modification made pursuant to a motion to modify the order will be effective as of the date the motion was filed. 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 13 day of Sept, 2021.


 COURT MASTER

1 **NOTICE OF RIGHT TO WAIVE OBJECTION**

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 The Obligee waives the ten (10) days for objection to the Master's Report, and
5 this report may be submitted to the District Court immediately.

6 Receipt of the Master's Recommendation is acknowledged by my signature below.

7 _____
Ralf Yap, Obligor

8 _____
Shannan Hernandez, Obligee

9 **NOTICE OF RIGHT TO OBJECTION**

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

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

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

17 For information on obtaining a objection packet or the objection process please call the
18 **Division of Welfare and Supportive Services at (775) 448-5150 located at 300 East
Second 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

27 Dated: October 25, 2021.

28 _____
DISTRICT JUDGE

1 Case No. 2021-UR-00011

2 Dept No. II

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 SHANNAN NICHOLE HERNANDEZ
10 Obligee,

11 Vs.

12 RALF LUIGI YAP
13 Obligor,
14

CERTIFICATE OF MAILING

15 Pursuant to NRCPC 5(b), I certify that on this date I deposited for mailing, postage
16 prepaid, at Reno, Nevada, a true copy of the attached document addressed to:
17

18 RALF YAP
19 CONFIDENTIAL
20 IN FILE

21 SHANNAN HERNANDEZ
22 CONFIDENTIAL
23 IN FILE

24 DATED: September 20th, 2021

25 SIGNED: [Signature]
26 MARTIN HERNANDEZ
ADMINISTRATIVE ASSISTANT II

27 DOCUMENTS: JUDGMENT AND ORDER
28 CASE NO. 2021-UR-00011

Jun. 14. 2021 9:24AM

Steve Blouk
Mayor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Welfare and Supportive Services
Helping people. It's who we are and what we do.



No. 7355 P. 1

Mark H. Fisher
Administrator

PAYROLL DEPARTMENT

06/14/2021

JUN 14 2021

City of Reno

MANAGER, PAYROLL DEPARTMENT
CITY OF RENO
P O BOX 1900
RENO NV 89505-000-0

Please FAX OR EMAIL
ASAP FOR COURT -
Thank you!

RE: RALF LUIGI YAP SSN: [REDACTED]
CASE NO: 492979100A

Federal and State law (Uniform Interstate Family Support Act & Nevada Revised Statute (NRS) 130) requires employers disclose employee information upon request of a child support enforcement agency. Please provide written response on the original copy of this letter as soon as possible. Per NRS 31A.280 "... A disclosure made in good faith ... does not give rise to any action for damages for disclosure."

* WE DO NOT ACCESS TO WORK# *

Thank you for your assistance.

FOR QUESTIONS: 775-448-5142

OR EMAIL: JLABARBERA@DWSS.NV.GOV

JOANNE LABARBERA
CHILD SUPPORT ENFORCEMENT

Employee's current address or address on W-2: [REDACTED]

Home/message telephone: [REDACTED]

Job site location: N/A

Date hired: 7/6/20 Hourly wage: \$ 28.96

Occupation: Police Officer

Scheduled shift: Days() Swing() Graveyard() Other: termed 5/19/21

Hours scheduled to work per week: N/A If less than 40 hours, is full-time work available?
Yes() No()

Union member: Yes() No() Union name and address: _____

RECEIVED

JUN 23 2021

Child Support Enforcement Program
300 East Second Street • Suite 1200 • Reno, Nevada 89501-1587
775-448-5150 • Fax 775-448-5199 • dwss.nv.gov

STATE OF NEVADA
CHILD SUPPORT PROGRAM

EXHIBIT B

Jan. 14. 2021 9:24AM

No. 7355 P. 2

CITY OF RENO

06/14/2021

Page Two

Frequency of paycheck: Weekly() Bi-weekly() Semi-monthly() Monthly()

Date of first paycheck: 7/24/20

Will tips be received? Yes() No() Estimated amount of monthly tips: \$ _____

Please provide employee's GROSS earnings for the last twelve (12) months, listing tips on the second line: * YOU MAY PROVIDE PAYROLL REGISTRY * Thank you!

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
5155.80	5113.60	5548.00	7229.50	7189.11		1956.24	1947.20	1947.20	1520.80	1947.20	1445.81

Health insurance: Is health insurance available? Yes() No()
Type(s): Medical() Dental() Vision()
Amount included one-time payout of vacation time due to termination.

Company: _____ Policy NO: _____

Company address: _____

Effective date: _____ Coverage ceases: _____

Name of dependents covered by medical insurance: N/A

* PROVIDE SCHEDULE OF COSTS TO INSURE DEPENDENTS/CHILDREN - Thank you!

Monthly cost:
Employee coverage: \$ _____
Dependent coverage (for those currently covered): \$ _____
Additional dependents (not currently covered): \$ _____
Family plan: \$ _____
Weekly() Bi-weekly() Semi-monthly() Monthly()

Is employee terminated? Yes() No() Date of termination: _____

Is employee applying for/collecting UIB? Yes() No() Unknown()

SIIS/Worker's Comp: Yes() No() Unknown()

Other benefits: _____

Name and address of benefit provider: _____

* Please Complete in its ENTIRETY - Thank you!

Jun. 14. 2021 9:25AM

No. 7355 P. 3

CITY OF RENO
06/14/2021
Page Three

New employer's name and address (if known): unknown

[Signature]
Signature of employer

[Redacted]
Telephone number

Sr Mgmt Analyst
Title

6/23/21
Date

COOPER

Aug. 24. 2021 12:27PM

Steve Ghobad
Director

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Welfare and Supportive Services
Helping people. It's who we are and what we do.



No. 0153 P. 1

Steve H. Fisher
Administrator

08/24/2021

MANAGER, PAYROLL DEPARTMENT

LAST CHANCE LLC DBA Gold Ranch CASINO & RESORT -
PO BOX 160 Verdi NV 89439
Please FAX OR EMAIL
Thank you!

RE: SHANNAN HERNANDEZ
SSN: [REDACTED]
CASE NO: 492979100A

Federal and State law (Uniform Interstate Family Support Act & Nevada Revised Statute (NRS) 130) requires employers disclose employee information upon request of a child support enforcement agency. Please provide written response on the original copy of this letter as soon as possible. Per NRS 31A.280 "... A disclosure made in good faith... does not give rise to any action for damages for disclosure." * WE DO NOT ACCESS TO WORK# *

Thank you for your assistance.

FOR QUESTIONS: 775-448-5142

OR EMAIL: JLABARBERA@DWSS.NV.GOV

JOANNE LABARBERA
CHILD SUPPORT ENFORCEMENT

Employee's current address or address on W-2: [REDACTED]

Home/message telephone: [REDACTED]

Job site location: 755 US Hwy 50 East Dapton, NV 89403

Date hired: 7/1/2015 Hourly wage: \$24.04

Occupation: Operations Manager

Scheduled shift: Days (X) Swing () Graveyard () Other: _____

Hours scheduled to work per week: 40 If less than 40 hours, is full-time work available?
Yes () No ()

Union member: Yes () No (X) Union name and address: _____

Child Support Enforcement Program
300 East Second Street • Suite 1200 • Reno, Nevada 89501-1388
775-448-5150 • Fax 775-448-5199 • dwss.nv.gov

RECEIVED

AUG 24 2021

QN0092

STATE OF NEVADA
CHILD SUPPORT PROGRAM

EXHIBIT C

Aug. 24. 2021 12:28PM

No. 0153 P. 2

LAST CHANCE LLC

08/24/2021

Page Two

Frequency of paycheck: Weekly() Bi-weekly(X) Semi-monthly() Monthly()

Date of first paycheck: 7/17/2015

Will tips be received? Yes() No(X) Estimated amount of monthly tips: \$ N/A

Please provide employee's GROSS earnings for the last twelve (12) months, listing tips on the second line.

YOU MAY PROVIDE A PAYROLL REGISTRY:

2021	2021	2021	2021	2021	2021	2021	2021	2021	2020	2020	2020
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
3230.78	3230.78	3230.78	3230.78	3230.78	3548.47	5764.24	3240.11	343.00	3230.78	3230.78	4647.07

Health insurance: Is health insurance available? Yes(X) No()
Type(s): Medical(X) Dental(X) Vision(X)

Company: Cigna Policy NO: 00628717

Company address: PO Box 188061 Chattanooga, TN 37422-8061

Effective date: 2/1/2021 Coverage ceases: 1/31/2022

Name of dependents covered by medical insurance: Rylan and Liam Yap

Provide schedule of costs or cost to insure dependents/children...

Monthly cost:

Employee coverage: \$ 55.04

Dependent coverage (for those currently covered): \$ 57.38

Additional dependents (not currently covered): \$ N/A

Family plan: \$

Weekly() Bi-weekly(X) Semi-monthly() Monthly()

thank you!
total \$115.42 Bi-weekly
for Medical/Dental/Vision
Employee and children

Is employee terminated? Yes() No(X) Date of termination:

Is employee applying for/collecting UIB? Yes() No() Unknown(X)

SIIS/Worker's Comp: Yes() No(X) Unknown()

Other benefits: Short Term Disability \$1000s Bi-weekly

Name and address of benefit provider: United Healthcare

* Please Complete in its Entirety -
Thank you!

Aug. 24. 2021 12:28PM

No. 0153 P. 3

LAST CHANCE LLC
08/24/2021
Page Three

New employer's name and address (if known): N/A

Dawn Bak
Signature of employer

Lead HR Specialist
Title

[REDACTED]
Telephone number

8/24/2021
Date

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 11/03/2021

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

By [Signature] Deputy

CN0092