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SHAWNYNE GARREN, RECORDER

APN # \_\_\_\_\_

**Recording Requested by and returned to:**

**Name: State of Nevada  
Child Support Enforcement**

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

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

(for Recorder's use only)

**Release of Lien (RELN)**

**Judgment and Order (J)**

**Stipulation and Order (O)**

**NCP'S NAME: MICHAEL ACOSTA**

**CASE ID #: 3200021371**

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies.)

This cover page must be typed or printed.

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Case No. 2022-UR-00018

Dept No. II

RECEIVED

JAN 11 2023

Douglas County  
District Court Clerk

ORIGINAL

FILED

2023 JAN 12 AM 10:14

STEPHEN WILLIAMS  
CLERK

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 TONI RENE QUINONES

Obligee,

Vs.

MICHAEL ROCKY ACOSTA

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 December 21, 2022. The Court Master with the following were present:

Obligee:  Present

Obligor:  Not Present, called at 10:30am and went to voicemail

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 September 26, 2022, with a Notice and Finding of Financial and Parental Responsibility.

Obligor is the parent of Jax Lucas Acosta, born August 16, 2015 and Cali Love Acosta, born February 11, 2017.

- 1  Obligor was properly served and noticed of today's hearing at his last known address  
2 and failed to appear.
- 3  Using actual earnings, Obligor's gross monthly earnings are \$2,603.00. Pursuant to the  
4 formula prescribed within NRS 125B.080 and NAC 425 et seq., 22% of those earnings,  
5 the state calculates an obligation of \$573.00 per month.

6 RECOMMENDED ORDER IS:

- 7 1.  The Obligor shall pay \$573.00 per month in ongoing support beginning  
8 January 1, 2023. The obligation for Child Support continues until the child turns 18  
9 years of age, or until the child turns 19 years of age if the child is enrolled in High  
10 School. However, this obligation to support a child is affected by a child's ability to live  
11 on their own (NRS129.080 to 129.140 – legal emancipation) or when applicable,  
12 continued financial support beyond the age of majority per NRS 125B.110.
- 13 2.  An arrears Judgment is entered in the amount of \$6,845.00 for January 1, 2022  
14 through December 31, 2022.
- 15  To be paid by payments of \$100.00 per month beginning January 1, 2023.

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

19 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**  
20 **P.O. BOX 98950**  
21 **LAS VEGAS, NV 89193-89501**

22 The following information must be included with each payment:

- 23 A. Name (first, middle, last) of person responsible for paying child support.  
24 B. Social Security Number of person responsible for paying child support.  
25 C. Child support case number 3200021371 listed on each payment.  
26 D. Name of custodian (first and last name of person receiving child support).

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

- 1 3. All payments shall be made by immediate income withholding. If your full obligation is  
2 not met by the amount withheld by your employer, you are responsible to pay the  
3 difference between your court ordered obligation and the amount withheld by your  
4 employer or at any time withholding does not occur, you are responsible to make  
5 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT  
6 (SCaDU). If you fail to do so you will be subject to the assessment of penalties and  
7 interest. You may avoid these additional costs by making your current child support  
8 payments each month.
- 9 4.  The Obligee will cover the children's medical, vision, or dental health insurance  
10 needs using either a private for fee insurance plan or public insurance plan. The  
11 accessible and reasonable cost of medical support for the children is the amount of \$0.00  
12 per month for the monthly medical cash support effective January 1, 2023. NAC  
13 425.135.
- 14 5.  Pursuant to NRS 425.3824(1)(d) and NAC 425 et seq., expenses for health care  
15 which are not reimbursed through insurance, including expenses for medical, surgical,  
16 dental, orthodontic and optical expenses, must be shared equally by both parents. If a  
17 parent seeks reimbursement for a child's medical/dental expense not covered by  
18 insurance, that parent must send proof of the expense to the other parent within 30 days  
19 of paying that bill. The other parent then has 30 days to reimburse the paying parent 1/2  
20 the cost of that bill. The parents are required to comply with this provision for  
21 reimbursement under this provision. The parents seeking enforcement of this provision  
22 must either go to small claims court or district court to obtain a judgment against the  
23 other parent before CSEP is required to collect on that judgment.
- 24 6. The Obligor shall keep the Division of Welfare and Supportive Services informed of any  
25 change regarding current residential and/or mailing address, employment and of access  
26 to health insurance coverage in **WRITING** (including health insurance policy  
27 information) within 10 days of such change.
- 28

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

6 8. 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 9. The Master finds that these Recommendations are in the best interest of the children.

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**SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:**

1  
2 Child Support.....\$573.00 Effective January 1, 2023  
3 Child Support Arrearages... \$100.00 Effective January 1, 2023  
4 Medical Cash.....\$0.00 Effective January 1, 2023  
5 **TOTAL PAYMENT.....\$673.00**

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

8 **NOTICE:** Pursuant to NAC 425.165, if you want to adjust the amount of child support  
9 established in this order, you **MUST** file a motion to modify the order with or submit a  
10 stipulation to the court. If a motion to modify the order is not filed or a stipulation is not  
11 submitted, the child support obligation established in this order will continue until such time  
12 as all children who are the subject of this order reach 18 years of age or, if the youngest child  
13 who is subject to this order is still in high school when he or she reaches 18 years of age,  
14 when the child graduates from high school or reaches 19 years of age, whichever comes first.

15 Unless the parties agree otherwise in a stipulation, any modification made pursuant to a  
16 motion to modify the order will be effective as of the date the motion was filed.

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

20 **IT IS SO RECOMMENDED.**

21  
22 This 21 day of Dec, 2022.

  
Court Master

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**NOTICE OF RIGHT TO WAIVE OBJECTION**

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

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

\_\_\_\_\_  
Michael Acosta, Obligor

\_\_\_\_\_  
Toni Quinones, Obligee

**NOTICE OF RIGHT TO OBJECTION**

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

Objections to this Order **must be filed** with the Ninth Judicial District Court of the State of 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.

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

For information on obtaining a objection packet or the objection process please call the **Division of Welfare and Supportive Services at (775) 448-5150 located at 300 East Second Street Suite 1200, Reno, NV 89501.**

**ORDER**

The Court, having reviewed the above and foregoing Master's Report prepared by the Court Master and,

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

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

Dated: January 12, 202<sup>3</sup>.

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DISTRICT JUDGE

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Case No. 2022-UR-00018

Dept. No. II

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 TONI RENE QUINONES  
Obligee,

Vs.

MICHAEL ROCKY ACOSTA  
Obligor,

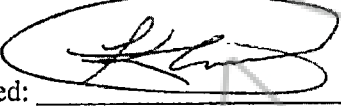
CERTIFICATE OF MAILING

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

Michael Acosta  
Address in file- Confidential

Toni Quinones  
Address in file- Confidential

Dated: December 22, 2022

Signed:   
Kalsey Lee  
Administrative Assistant II

Document: Judgment and Order  
Case No. 2022-UR-00018



# Nevada Child Support Guidelines Calculator

A free web application tool to calculate the child support guidelines obligation.

Primary Custody

Switch to Joint/Mixed

Clear

Calculation Year:

2022 ▾

Effective 02/01/2022

Respondent's Gross Monthly Income:

2603

Children in Petitioner's custody:

2

Respondent's Obligation: \$ 572.66

Calculate

Copy

Respondent's Gross Monthly Income: \$2,603.00

Number of Children: 2

Tier 1 ( $\$2,603.00 \times 22.00\% = \$572.66$ )

Obligation amount is \$572.66.

Respondent's Obligation: \$572.66

Show User Guide

## 2021 - Nevada Child Support Guidelines Calculator

### Website Disclaimer

*Please read this disclaimer carefully before using this website. All information posted is merely for informational purposes as it relates to child support cases in the State of Nevada. It should not be considered legal advice. The court has the ability to make adjustments to any estimated obligation. Should you decide to act upon any information on this website, you do so at your own risk. While the information on this website has been verified to the best of our abilities, we cannot guarantee that there are no mistakes or errors. We reserve the right to change this policy at any given time. If you want to make sure that you are up to date with the latest changes, we advise you to frequently visit this website.*

EXHIBIT A



STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director  
ROBERT H. THOMPSON  
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
Child Support Enforcement Program - Reno PAO  
300 E. Second Street, Suite 1200  
Reno, NV 89501-1588  
Telephone (775) 448-5180 • Fax (775) 448-5100  
<https://dws.nv.gov>

NOVEMBER 17, 2022

ARIZONA FARM CONSULTANTS LLC  
2035 GOLDDUST CIR STE H17  
COTTONWOOD, AZ 86326-6392

Please complete & fax back to  
(775) 448-5199 or email to:

LWCC@DWS.NV.GOV  
\*\*No access to the Work Number\*\*

Re: MICHAEL ACOSTA SSN: [REDACTED]  
Participant ID: 1000113028

Federal and State law (Uniform Interstate Family Support Act & Nevada Revised Statute (NRS) 425) requires employers to 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 425.393 "A disclosure made in good faith...does not give rise to any action for damages for disclosure."

Thank you for your assistance.

*RS*

LISSETTE MCCOY 775.448.5156  
CHILD SUPPORT ENFORCEMENT

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

Home/message telephone: [REDACTED]

Job Site location: 3755 Old State Highway 279, Camp Verde, AZ, 86322

Date hired: 5/4/2021 Hourly wage: \$ 18.00

Occupation: Warehouse Employee

Scheduled shift: Days  Swing  Graveyard  Other: \_\_\_\_\_

Hours scheduled to work per week: 38-40

If less than 40 hours, is full-time work available? Yes  No

Union member: Yes  No  Union name and address: \_\_\_\_\_



*11L*

Frequency of paycheck: Weekly ( ) Bi-weekly  Semi-monthly ( ) Monthly ( )  
 Date of first paycheck: 5/21/21  
 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:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2428.94	2531.47	2425.50	2301.20	2614.43	2538.10	3676.59	2654.21	2611.54	2263.55	2583.64	3284.16
0	0	0	0	0	0	0	0	0	0	0	0

Health Insurance: Is health insurance available? Yes  No ( )  
 Type(s): Medical  Dental  Vision   
 Company: EMI Health Policy NO: 24771454260  
 Company Address: 5101 Commerce Drive, Murray, UT 84107  
 Effective date: 9/1/21 Date coverage ceases: 7/1/23  
 Name of dependents covered by medical insurance: N/A

Monthly cost:  
 Employee only coverage: \$ 176.07 (81.27 per pay check) 26 paychecks per year.  
 Dependent coverage (for those currently covered): \$ \_\_\_\_\_  
 Additional dependents (not currently covered): \$ \_\_\_\_\_  
 Family plan \$ \_\_\_\_\_  
 Premiums paid Weekly  Bi-weekly ( ) Semi-monthly ( ) Monthly ( )  
 Is employee terminated? Yes ( ) No  Date of termination: \_\_\_\_\_  
 Is employee applying for/collecting UIB? Yes  No ( ) Unknown ( )  
 STIS/Worker's Comp: Yes ( ) No  Unknown ( )  
 Other benefits: \_\_\_\_\_  
 Name and address of benefit provider: \_\_\_\_\_

\* Michael is currently paying \$152.30/per check for a child 13 yrs old, Aiden Acosta, located in Tennessee.



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

*[Handwritten Signature]*  
Signature of employer

[Redacted]  
Telephone number

OWNER  
Title

12/1/22  
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 February 7, 2023

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

By *Victor* Deputy

