



SHAWNYNE GARREN, RECORDER

1
2 APN # _____

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

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

12 **Release of Lien (RELN)**

13 **Judgment and Order**

14 **Stipulation and Order**

15 **Other:**

16
17
18
19 **Obligor's Name: Dartanyan Perry**

20 **Case number: 3200387371**

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. 2023-UR-00010

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 AMBER LEE SWANSON
7 Obligees

AFFIDAVIT OF RECORDATION

8 Vs.

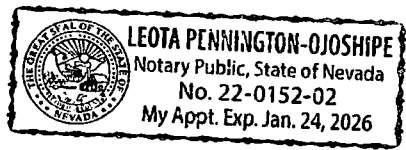
9 DARTANYAN PERRY
Obligor
_____ /

10 I, Lindsey Rippy, 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 3200387371.
- 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 Dartanyan Perry, 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 January 4, 2024.

21
22 *Lindsey Rippy*
Lindsey Rippy
Administrative Assistant II

23 State of Nevada, County of Washoe
24 Subscribed and sworn before me this 4
22nd day of January, 2024
25 *Leota Pennington-Ojoshipe*
26 NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: Dartanyan Perry

Obligee: Amber Swanson

Date: January 22, 2024

From: Lindsey Rippey, 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-
5265.

COPY

FILED

1 Case No. 2023-UR-00010

RECEIVED

2 Dept No. I

JAN 03 2024

2024 JAN -4 AM 10:50

Douglas County
District Court Clerk

BOBBIE R. WILLIAMS
CLERK

BY A WEIDNER DEPUTY

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

7 IN AND FOR THE COUNTY OF DOUGLAS

8
9 AMBER LEE SWANSON
Obligee

10 Vs.

11 DARTANYAN PERRY
12 Obligor

13 /
14 **JUDGMENT AND ORDER**

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

17 This matter was heard on December 8, 2023, for Notice and Finding and Financial and
18 Parental Responsibility. The Court Master with the following were present:

19 Obligee: Present

20 Obligor: Present

21
22 Presented by: Edgar Gonzalez Division of Welfare and Support Services
Child Support Enforcement

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

25 The Obligor was properly served on August 10, 2023, with a Notice and Finding of Financial
26 and Parental Responsibility.

27 Obligee has named Obligor, Dartanyan Perry, as the father of Austin Foster Dayton, born May
28 2, 2023.

1 Using actual earnings, Obligor's gross monthly earnings are \$3,120.00. Pursuant to the
2 formula prescribed within NRS 125B.080 and NAC 425 et seq., 16% of those earnings,
3 the state calculates an obligation of \$499.00 per month.

4 RECOMMENDED ORDER IS:

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

6 NAME D.O.B.
7 AUSTIN FOSTER DAYTON MAY 2, 2023

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

11 3. The Obligor shall pay \$499.00 per month in ongoing support beginning
12 December 1, 2023. The obligation for Child Support continues until the child turns 18
13 years of age, or until the child turns 19 years of age if the child is enrolled in High
14 School. However, this obligation to support a child is affected by a child's ability to live
15 on their own (NRS129.080 to 129.140 – legal emancipation) or when applicable,
16 continued financial support beyond the age of majority per NRS 125B.110.

17 4. An arrears Judgment is entered in the amount of \$2,054.00 for
18 July 1, 2023 through November 30, 2023.

19 To be paid by payments of \$35.00 per month beginning December 1, 2023.

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

22 to:

23 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
24 **P.O. BOX 98950**
25 **LAS VEGAS, NV 89193-89501**

26 The following information must be included with each payment:

- 27 A. Name (first, middle, last) of person responsible for paying child support.
28 B. Social Security Number of person responsible for paying child support.
C. Child support case number 3200387371 listed on each payment.
D. Name of custodian (first and last name of person receiving child support).

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

5 5. All payments shall be made by immediate income withholding. If your full obligation is
6 not met by the amount withheld by your employer, you are responsible to pay the
7 difference between your court ordered obligation and the amount withheld by your
8 employer or at any time withholding does not occur, you are responsible to make
9 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT
10 (SCaDU). If you fail to do so you will be subject to an assessment of interest. You may
11 avoid these additional costs by making your current child support payments each month.

12 6. The Obligee will cover the child's medical, vision, or dental health insurance needs
13 using either a private for fee insurance plan or public insurance plan. The accessible and
14 reasonable cost of medical support for the child is the amount of **\$0.00** per month. The
15 Obligor will pay **\$0.00** for the monthly medical cash support effective
16 December 1, 2023. NAC 425.135.

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

1 8. The Obligor shall pay and judgment is entered in favor of the Division of Welfare
2 Supportive Services for the reimbursement of genetic test fees totaling \$138.00, to be
3 paid by payments of \$10.00 per month beginning December 1, 2023.

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

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 cases
10 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. The State of Nevada has continuing exclusive jurisdiction for enforcement and
14 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
15 Act.

16 It is further ordered that: Paternity established for child Austin Foster Dayton, pursuant to
17 positive genetic testing. Court waived prospective interest unless Obligor becomes more than 60
18 days delinquent.

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SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

Child Support.....	<u>\$499.00</u>	Effective <u>December 1, 2023</u>
Child Support Arrearages...	<u>\$35.00</u>	Effective <u>December 1, 2023</u>
Medical Cash.....	<u>\$0.00</u>	Effective <u>December 1, 2023</u>
Genetic Test Fees.....	<u>\$10.00</u>	Effective <u>December 1, 2023</u>
TOTAL PAYMENT.....	<u>\$544.00</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 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 Dec, 2023. [Signature]
Court Master

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NOTICE OF RIGHT TO WAIVE OBJECTION

The Obligor waives the fourteen (14) days for objection to the Master's Report, and this report may be submitted to the District Court immediately.

The Obligee waives the fourteen (14) 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.

Dartanyan Perry, Obligor

Amber Swanson, Obligee

NOTICE OF RIGHT TO OBJECTION

Objections are governed by NRCP. 53(f)(1). You have 14 (fourteen) days from mailing 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 an 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

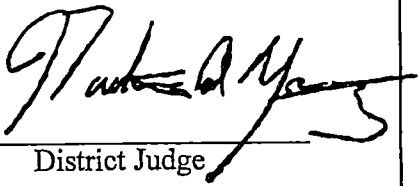
The Court, having reviewed the above and foregoing Master's Report prepared by the Court Master and,

The Obligor having waived the right to object thereto.

No timely objection has been filed hereto.

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

Dated: January 4, 2024.



District Judge

1 Case No. 2023-UR-00010

2 Dept. No. I

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

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9 AMBER LEE SWANSON
10 Obligee

11 Vs.

12 DARTANYAN PERRY
13 Obligor

14 **CERTIFICATE OF MAILING**

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

17 Dartanyan Perry
18 Address in file- Confidential

19 Amber Swanson
20 Address in file- Confidential

21
22 Dated: December 15, 2023

23
24 Signed: Lindsey Rippy
25 Lindsey Rippy
26 Administrative Assistant II

27 Document: Judgment and Order
28 Case No. 2023-UR-00010

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: 2023
Effective 02/01/2023

Respondent's Gross Monthly Income: 3120

Children in Petitioner's custody: 1

Respondent's Obligation: \$ 499.2

Calculate

Copy

Respondent's Gross Monthly Income: \$3,120.00

Number of Children: 1

Tier 1 ($\$3,120.00 * 16.00\% = \499.20)

Obligation amount is \$499.20.

Respondent's Obligation: \$499.20

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

FINANCIAL STATEMENT

You must include verification of income (current or most recent wage stubs, last year's income tax return or other proof).
ALL ITEMS MUST BE ANSWERED. (If a question does not apply, write "N/A")

1. My current home address is: [REDACTED]
2. My current employer is: Home Depot
3. My employer's address is: 921 Jacks Valley Rd.
4. My social security number is: [REDACTED]
5. My gross monthly wages are: \$ 3,480
6. Other monthly income is: \$ N/A
7. My total monthly income is: \$ 2,500 - 3,000
8. My occupation is: Lumber Recovery
9. My telephone numbers are: HOME [REDACTED] WORK: NA
10. I have medical coverage on the child(ren): YES NO
If YES, Company Name: NA Policy No.: NA
If NO, is medical insurance available through your work? YES NO
11. There are NA 0 child(ren) in my home; NA 0 are mine; NA 0 are step-children.
12. I am paying child support for child(ren) not living with me in the amount of \$ NA per child,
per NA (month, week, etc).
13. I am presently unemployed and receiving Unemployment Insurance benefits of \$ NA per week.
I am not receiving UIB and I survive by: NA
14. I have \$ 1,544.41 in my Savings/ Checking, located at: Bank of America
and my account number is: [REDACTED]
15. I am self-employed and my business grosses \$ NA per year and nets \$ NA per year.

I declare under penalty of perjury that the foregoing is true to the best of my belief.

[Signature]
(Signature)

8/13/23
(Date)

Dartanyan Perry
(PRINT full name)

B

RJE LOMBARDO
Clerk



RICHARD WHITLEY, MS
Director
ROBERT THOMPSON
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Support Enforcement Program
300 E. Second Street, Suite 1200
Reno, NV 89501-1586
Telephone (775) 448-5150 • Fax (775) 448-5199
http://dwss.nv.gov

DECEMBER 01, 2023

CARSON READY-MIX INC

[REDACTED]

Re: DARTANYAN PERRY [REDACTED]
Participant ID [REDACTED]

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.

ALLICIA BLAKE

ALLICIA BLAKE
CHILD SUPPORT ENFORCEMENT

Employee's current address or address on W-2: _____

[REDACTED]

Home/message telephone: [REDACTED]

Job Site location: [REDACTED]

Date hired: 10/18/2023 Hourly wage: \$ 18.00

Occupation: Forklift Operator

Scheduled shift: Days 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 Union name and address: _____



DEC 01 2023 C

DECEMBER 01, 2023

Participant ID: [REDACTED]

Page Two

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

Date of first paycheck: 10/27/2023

Will tips be received? Yes () No Estimated amount of monthly tips: \$ None

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
X	X	X	X	X	X	X	X	X	855	3044	445
X	X	X	X	X	X	X	X	X	X	X	X

Health Insurance: Is health insurance available? Yes No ()

Type(s): Medical Dental Vision ()

Company: United Health / Humana Policy NO: [REDACTED]

Company Address: See addresses at bottom of this page.

Effective date: 01/01/2024 Date coverage ceases: upon termination

Name of dependents covered by medical insurance: None / Coverage hasn't started yet.

These are estimates / Actual cost is calculated by insurance companies.

Monthly cost:

Employee only coverage: \$ United EE portion \$125.00 / ER portion \$375.00
Humana EE portion \$17.39 / ER portion \$52.18

Dependent coverage (for those currently covered): \$ No insurance coverage at this time.

Additional dependents (not currently covered): \$ United EE portion \$120.00 / ER portion \$120.00
Humana EE portion \$16.07 / ER portion \$16.07

Family plan \$ ****Insurance Co. needs additional info to quote costs.**

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

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

Other benefits: N/A

Name and address of benefit provider: N/A

United Health Care / Medical
PO Box 94017
Palatine IL 60094-4017
888-842-4571

Humana Insurance / Dental
PO Box 4600
Carol Stream IL 60197-4600
800-233-4013



DECEMBER 01, 2023

Participant ID: [REDACTED]

Page Three

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

[Signature]
Signature of employer

[REDACTED]
Telephone number

President / General Manager

Title
12/01/2023

Date

COPY



ARREARAGE WORKSHEET

Obligor: Dartanyan Perry		IV-D CASE NUMBER: 3200387371		OFFICE: Reno PAO	COMPLETION DATE: 08/01/2023
Obligee: Amber Lee Swanson		IV-D CASE WORKER: A. Keys		COUNTY: Douglas	DOCKET NUMBER: 2023-UR-00010
<i>DATE</i>	<i>ASST PAID</i>	<i>RQSTD OBL</i>	<i>PAYMENTS</i>	<i>COURT ORDERED OBLIGATION</i>	<i>NOTES/COMMENTS</i>
Jul-23	NON-ASST	\$591.00			Home Depot GMI \$3,696.07 x 16%
Aug-23	NON-ASST	\$440.00			Per Obligor's financial statement GMI is \$2,500-\$3,000 AVR GMI: \$2,750.00 x 16%
Sep-23	NON-ASST	\$440.00			
Oct-23	NON-ASST	\$96.00			Carson Ready Mix GMI \$855 x Federal Poverty Guidelines for 1 child
Nov-23	NON-ASST	\$487.00			GMI \$3,044 x 16%
TOTALS:	\$0.00	\$2,054.00	\$0.00	\$0.00	
LESS PMTS:		\$2,054.00			

EXHIBIT D

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 01.04.2024

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

By J. Weidner Deputy