

Exhibit Cover Page

EXHIBIT NUMBER 1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Code: 3980
Name: _____
Address: _____

Telephone: _____
Email: _____

Name: _____
Address: _____

Telephone: _____
Email: _____

Self-Represented Litigants

**IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

_____,
Petitioner, Case No. _____
vs. Dept. No. _____
_____,
Respondent.
_____ /

**JUDGMENT AND ORDER UPON STIPULATION FOR
UNREIMBURSED HEALTH CARE EXPENSES**

The above-named parties hereby stipulate to the entry of an Order as follows:

1. Respondent is the parent of:

<u>NAME OF CHILD(REN)</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1 2. A judgment is to be entered against the Respondent for arrears in Unreimbursed health
2 care expenses for the minor child(ren) in the amount of \$_____, said
3 amount representing those sums due and owing from _____ through
4 _____ and the Respondent shall pay \$_____ per month
5 to retire the judgment beginning _____. Said payment
6 shall be made in addition to the child support payment.

7 3. No interest shall accrue on the arrearage so long as Respondent remains current on
8 monthly payments. Should Respondent become thirty (30) days delinquent, or, should a pattern
9 of over ten (10) days delinquency in payments develop without stipulation and acceptance by the
10 Petitioner, Pursuant to NRS 125B.140, as amended, interest upon the arrearage shall accrue at a
11 rate established pursuant to NRS 99.040, from the time each amount became due.

12 4. All property is subject to actions for collection including, but not limited to,
13 withholding of wages, garnishment, liens, and the attachment of federal income tax refunds.

14 5. All payments must be made payable as follows:

15 **In accordance with Nevada Revised Statute 425.410 and federal law, all Nevada child**
16 **support payments currently paid to a Nevada child support agency must be sent to:**

17 **STATE COLLECTION AND DISBURSEMENT UNIT (ScaDU)**

18 **PO BOX 98950**

19 **LAS VEGAS, NV 89193-8950**

20 **PLEASE NOTE: PAYMENTS MUST BE BY MONEY ORDER OR CASHIER**

21 **CHECK AND PAYABLE TO ScaDU**

22 **The following information must be included with each payment:**

- 23 **1. Name (first, middle, last) of person responsible for child support**
24 **2. Social Security Number of person responsible for child support**
25 **3. Name of custodian (first and last name of person receiving child support)**
26 **4. Child support case number**

27 **If you have any questions regarding where to send your child support payments,**
28 **please call your local District Attorney Family Support Division at (775)789-7100.**

1 **NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO THE**
2 **PETITIONER.**

3 The Respondent is responsible for notifying the District Attorney's Office, Family Support
4 Division, **in writing**, of any change of address, change of employment, change of custody, or
5 entry of any other order relative to child support, within five (5) days of such change.

6 This document does **not** contain the Social Security number of any person.

7 We declare, under penalty of perjury under the law of the State of Nevada, that the
8 foregoing is true and correct.

9

10 Dated: _____

Dated: _____

11

12

13

14

(Signature)

(Signature)

15

16

17

ORDER AND JUDGMENT

18

Based upon the above Stipulation of the parties in this action; and,

19

The Court, being fully advised of the facts and circumstances in this matter,

20

IT IS HEREBY ORDERED that the Stipulation is affirmed and Judgment is hereby
21 entered against Respondent in the amount of \$_____.

22

IT IS FURTHER ORDERED that the Respondent shall satisfy the Judgment in the
23 manner agreed upon, and stated above.

24

DATE: _____

25

26

DISTRICT JUDGE

27

28