

IN THE SUPREME COURT OF THE STATE OF NEVADA

MICHAEL FOLEY,

Appellant,

vs.

PATRICIA FOLEY,

Respondent.

Supreme Court No.: 69997

District Court No.: R-11-162425-R

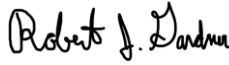
Electronically Filed
Nov 08 2017 03:19 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

AMICUS JOINT APPENDIX

COMES NOW the State of Nevada, by STEVEN B. WOLFSON, Clark County District Attorney, through his Deputy, ROBERT J. GARDNER and ALAN L. BENNETT, files this Joint Appendix in the in the above-styled case.

Dated this 6th day of November, 2017.

Respectfully submitted,
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565

BY 

ROBERT J. GARDNER, ESQ.
Deputy District Attorney
Nevada Bar #06983

CHRONOLOGICAL TABLE OF CONTENTS TO JOINT APPENDIX

Tab	Document	Date	Pages
1	Financial Statement	April 24, 2012	1
2	Financial Statement	October 30, 2013	2
3	Financial Statement	April 15, 2015	3
4	Financial Statement	November 16, 2015	4
5	Master's Recommendation (MROJ)	June 8, 2016	5-8

Exhibit 1

25-2

FINANCIAL STATEMENT & ANSWER TO CHILD SUPPORT NOTICE

Complete and bring to court on the date you are to appear. You MUST bring verification of income (current pay stubs, last year's tax return or other proof).

ALL ITEMS MUST BE ANSWERED OR CIRCLED. (If a question does not apply, write "N/A"). Provide copies of all evidence to DA prior to hearing.

DATE OF BIRTH: 12, 2, 1968 CASE #(s): _____

1. My current home address is: _____
Street Name and # Apt. # City State Zip Code

2. My current employer name and address is: TP2 Employment Services _____
Employer Suite# City State Zip Code

3. My home & cell phone number(s): _____ 4. My work phone number: 9 _____

5. My Social Security Number: _____ 6. My occupation / type of work: poll/survey taker

7. Hourly wage: \$ 9.00 Number of hours per week: 20 I am PAID \$ 400 each week / month / 2 week (circle one)
paycheck before ANY deductions. (Bring stub or other proof). My total GROSS MONTHLY income is \$ _____

8. I receive retirement / social security / disability / V.A. income of \$ N/A per month from _____. Benefit for child \$ _____

9. My other monthly income is \$ 200 from (annuity, personal injury settlement, trust fund, public assistance) SNAP benefits

10. There are 0 adults living with me who are: 7/9 employed. 7/9 unemployed.

11. There are 0 children in my home; 7/9 are my natural or adopted children and _____ are stepchildren. I am responsible for _____ other natural or adopted children not living with me and pay monthly child support of \$ _____ for them.

12. My monthly bills are:

Rent/house payment/mortgage	\$ <u>0</u>
Car payment/lease	\$ <u>0</u>
Average monthly utilities	\$ <u>200</u>
Food / month	\$ <u>200</u>

13. I owe money to the following persons and businesses:

Name	Total Owed	Monthly Payment
<u>too many to name</u>	<u>\$100,000+</u>	<u>defaulted</u>
_____	_____	_____
_____	_____	_____

14. I do / do not have health insurance with provider _____ Policy # 7/9
Persons covered are _____; type of coverage (medical/dental/etc.) is _____

15. I am self-employed and my business GROSSES \$ 7/9 per year and NETS, after deduction of all legitimate BUSINESS expenses, \$ N/A per year. If self-employed you must fill out a full Affidavit of Financial Condition (A.F.C.). Ask for form, include proof for DA.

16. I am presently unemployed and I am receiving unemployment insurance benefits (UIB) of \$ _____ per week.
I am not receiving UIB and I survive by _____

17. I am unable to work due to physical disability, and my doctor's name and address: N/A
I am receiving \$ N/A per month for my disability from (employer where injured, workers comp. provider, or private disability policy)
(Bring documentation with you stating when or if you will be able to return to work).

18. I have \$ 3 in savings / checking located at (bank & account#) _____

19. I own / I lease a vehicle, motorcycle, RV, trailer, boat, other property, and the year, make, model and license plate number(s) is / are: N/A

20. I own real property (home / rental / land / other) listed here (address and approximate value): timeshared 60

21. I have the following Nevada professional, occupational, recreational licenses, certificates and/or permits Real Estate Salesman

22. I belong to a Union(s): N/A Local Union # _____

23. I am a serving in the military. N/A Yes _____ No _____

24. MY ANSWER TO THE CHILD SUPPORT NOTICE IS: \$ 1.00 can be paid in court today.

I have only \$27 in my pocket, and \$3 in the bank
I received my 1st paycheck yesterday, I bought bus pass today
I need: ☐ employment ☐ modification ☐ identification / driver's license ☐ drug/alcohol/gambling treatment ☐ mediation/visitation

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Michael Foley Today's Date: 4-24-12

Print Full Name: Michael Foley Any Other Names: N/A

Exhibit 2

294910200A

FINANCIAL STATEMENT & ANSWER TO CHILD SUPPORT NOTICE

Complete and bring to court on the date you are to appear. You MUST bring verification of income (current pay stubs, last year's tax return or other proof).

ALL ITEMS MUST BE ANSWERED OR CIRCLED. (If a question does not apply, write "N/A"). Provide copies of all evidence to DA prior to hearing.DATE OF BIRTH: 12 / 2 / 68 CASE #(s): _____
Month Day Year1. My current home address is: _____
Street Name and # Apt. # City State Zip Code2. My current employer name and address is: _____
Employer Street Name and # Suite# City State Zip Code

3. My home & cell phone number(s): _____ 4. My work phone number: _____

5. My Social Security Number: _____ 6. My occupation / type of work: _____

7. Hourly wage: \$ 9 Number of hours per week: ± 2 I am PAID \$ 0.40 each week / month / 2 week (circle one) paycheck before ANY deductions. (Bring stub or other proof). My total GROSS MONTHLY income is \$ _____8. I receive retirement / social security / disability / V.A. income of \$ 1/4 per month from _____ Benefit for child \$ _____9. My other monthly income is \$ 1/4 from (annuity, personal injury settlement, trust fund, public assistance) _____10. There are 0 adults living with me who are: _____ employed. _____ unemployed.11. There are 0 children in my home; 0 are my natural or adopted children and 0 are stepchildren. I am responsible for 0 other natural or adopted children not living with me and pay monthly child support of \$ 0 for them.

12. My monthly bills are:

13. I owe money to the following persons and businesses:

	Name	Total Owed	Monthly Payment
Rent/house payment/mortgage	VARIOUS CONSUMER	100,000	deferred
Car payment/lease	debts		
Average monthly utilities	150 + 60 + 20		
Food / month	200		

14. I do / do not have health insurance with provider none Policy # _____
Persons covered are N/A; type of coverage (medical/dental/etc.) is _____15. I am self-employed and my business GROSSES \$ 7,000 per year and NETS, after deduction of all legitimate BUSINESS expenses, \$ 5,900 per year. If self-employed you must fill out a full Affidavit of Financial Condition (A.F.C.). Ask for form, include proof for DA.16. I am presently unemployed and I am receiving unemployment insurance benefits (UIB) of \$ 1/2 per week.
I am not receiving UIB and I survive by wages and self employment17. I am unable to work due to physical disability, and my doctor's name and address: _____
I am receiving \$ N/A per month for my disability from (employer where injured, workers comp. provider, or private disability policy) _____
(Bring documentation with you stating when or if you will be able to return to work).18. I have \$ 20. - in savings / checking located at (bank & account#) Nevada State Bank
scooter19. I own / I lease a vehicle, motorcycle, RV, trailer, boat, other property, and the year, make, model and license plate number(s) is / are: N/A20. I own real property (home / rental / land / other) listed here (address and approximate value): - 0 -21. I have the following Nevada professional, occupational, recreational licenses, certificates and/or permits none22. I belong to a Union(s): none Local Union # N/A23. I am a serving in the military. Yes X No24. MY ANSWER TO THE CHILD SUPPORT NOTICE IS: \$ 80. - can be paid in court today.I need: ☐ employment ☒ modification ☐ identification / driver's license ☐ drug/alcohol/gambling treatment ☒ mediation/visitation protection order

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Michael Foley Today's Date: 10-30-13Print Full Name: Michael Foley Any Other Names: _____

(DISTRIBUTION: CANARY - Case File, WHITE - Court, PINK - NCP)

002 DAFS-79 (6/08)

Exhibit 3

18-01

R-11-162425-R

FINANCIAL STATEMENT & ANSWER TO CHILD SUPPORT NOTICE

Complete and bring to court on the date you are to appear. You MUST bring verification of income (current pay stubs, last year's tax return or other proof).

ALL ITEMS MUST BE ANSWERED OR CIRCLED. (If a question does not apply, write "N/A"). Provide copies of all evidence to DA prior to hearing.DATE OF BIRTH: 12/2/68 CASE #(s): D-00-071277/294910200A1. My current home address is: [REDACTED] NV 821192. My current employer name and address is: SELF3. My home & cell phone number(s): [REDACTED] 4. My work phone number: [REDACTED]5. My Social Security Number: [REDACTED] 6. My occupation / type of work: tech support7. Hourly wage: \$ 12 Number of hours per week: 40 I am PAID \$ [REDACTED] each week / month / 2 week (circle one) paycheck before ANY deductions. (Bring stub or other proof). My total GROSS MONTHLY income is \$ [REDACTED]8. I receive retirement / social security / disability / V.A. income of \$ 719 per month from [REDACTED] Benefit for child \$ [REDACTED]9. My other monthly income is \$ 419 from (annuity, personal injury settlement, trust fund, public assistance) [REDACTED]10. There are 0 adults living with me who are: [REDACTED] employed. [REDACTED] unemployed.11. There are 2 children in my home; 2 are my natural or adopted children and [REDACTED] are stepchildren. I am responsible for 0 other natural or adopted children not living with me and pay monthly child support of \$ 119 for them.

12. My monthly bills are:

Rent/house payment/mortgage	\$ <u>710</u>
Car payment/lease	\$ <u>500</u>
Average monthly utilities	\$ <u>80</u>
Food / month	\$ <u>200</u>

13. I owe money to the following persons and businesses:

Name	Total Owed	Monthly Payment
D. Sauer / Kim	<u>1,000</u>	<u>100</u>
Skene White	<u>700</u>	<u>100</u>
Rapid Cash	<u>700</u>	<u>250</u>
Various Creditors	<u>100,000</u>	<u>[REDACTED]</u>

14. I do (C) not have health insurance with provider n/a Policy # [REDACTED]
Persons covered are n/a; type of coverage (medical/dental/etc.) is [REDACTED]15. I am self-employed and my business GROSSES \$ 18,000 per year and NETS, after deduction of all legitimate BUSINESS expenses, \$ 11,000 per year. If self-employed you must fill out a full Affidavit of Financial Condition (A.F.C.). Ask for form, include proof for DA.16. I am presently unemployed and I am receiving unemployment insurance benefits (UIB) of \$ 719 per week.
I am not receiving UIB and I survive by n/a17. I am unable to work due to physical disability, and my doctor's name and address: n/a
I am receiving \$ 719 per month for my disability from (employer where injured, workers comp. provider, or private disability policy) [REDACTED] (Bring documentation with you stating when or if you will be able to return to work).18. I have \$ 0 in savings / checking located at (bank & account#) n/a19. (C) I lease a vehicle, motorcycle, RV, trailer, boat, other property, and the year, make, model and license plate number(s) is / are: 97 Nissan Maxima20. I own real property (home / rental / land / other) listed here (address and approximate value): n/a - none21. I have the following Nevada professional, occupational, recreational licenses, certificates and/or permits none22. I belong to a Union(s): none Local Union # n/a23. I am a serving in the military. [REDACTED] Yes X No24. MY ANSWER TO THE CHILD SUPPORT NOTICE IS: \$ 59. can be paid in court today.I need: ☐ employment ☐ modification ☒ identification / driver's license ☐ drug/alcohol/gambling treatment ☒ mediation/visitation

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Michael Foley Today's Date: 4-15-15Print Full Name: Michael Foley Any Other Names: [REDACTED]

(DISTRIBUTION: CANARY - Case File, WHITE - Court, PINK - NCP)

003 DAFS-79 (6/08)

Michael Foley

Exhibit 4

09-02 PM R-11-162425-R

FINANCIAL STATEMENT & ANSWER TO CHILD SUPPORT NOTICE

Complete and bring to court on the date you are to appear. You MUST bring verification of income (current pay stubs, last year's tax return or other proof).

ALL ITEMS MUST BE ANSWERED OR CIRCLED. (If a question does not apply, write "N/A"). Provide copies of all evidence to DA prior to hearing.

DATE OF BIRTH: 12/17/68 CASE #(s): R-11-162425/294910200A

1. My current home address is: 122 M. Ave. Las Vegas NV 89135

2. My current employer name and address is:

3. My home & cell phone number(s): 702-714-7225 4. My work phone number: none

5. My Social Security Number: [REDACTED] 6. My occupation / type of work: Technical support

7. Hourly wage: \$ 12.15 Number of hours per week: 40 I am PAID \$ 215 each week / month / 2 week (circle one) paycheck before ANY deductions. (Bring stub or other proof). My total GROSS MONTHLY income is \$ 8640

8. I receive retirement / social security / disability / V.A. income of \$ 0.00 per month from none. Benefit for child \$ 0.00

9. My other monthly income is \$ 0.00 from (annuity, personal injury settlement, trust fund, public assistance)

10. There are 0 adults living with me who are: 0 employed. 0 unemployed.

11. There are 0 children in my home; 0 are my natural or adopted children and 0 are stepchildren. I am responsible for 0 other natural or adopted children not living with me and pay monthly child support of \$ 0.00 for them.

12. My monthly bills are:

13. I owe money to the following persons and businesses:

Rent/house payment/mortgage \$ 0.00
Car payment/lease \$ 0.00
Average monthly utilities \$ 0.00
Food / month \$ 0.00

Name	Total Owed	Monthly Payment
<u>State of Nevada</u>	<u>1750.00</u>	<u>0.00</u>
<u>Personal</u>	<u>0.00</u>	<u>0.00</u>

14. I do / do not have health insurance with provider none Policy # none
Persons covered are none; type of coverage (medical/dental/etc.) is none

15. I am self-employed and my business GROSSES \$ 13,200 per year and NETS, after deduction of all legitimate BUSINESS expenses, \$ 4,000 per year. If self-employed you must fill out a full Affidavit of Financial Condition (A.F.C.). Ask for form, include proof for DA.

16. I am presently unemployed and I am receiving unemployment insurance benefits (UIB) of \$ 0.00 per week.
I am not receiving UIB and I survive by none

17. I am unable to work due to physical disability, and my doctor's name and address: none
I am receiving \$ 0.00 per month for my disability from (employer where injured, workers comp. provider, or private disability policy)
(Bring documentation with you stating when or if you will be able to return to work)

18. I have \$ 0.00 in savings / checking located at (bank & account#) none

19. I own / I lease a vehicle, motorcycle, RV, trailer, boat, other property, and the year, make, model and license plate number(s) is / are: 971000

20. I own real property (home / rental / land / other) listed here (address and approximate value): 34 Jackson St Las Vegas

21. I have the following Nevada professional, occupational, recreational licenses, certificates and/or permits none

22. I belong to a Union(s): none Local Union # none

23. I am a serving in the military. 0 Yes 0 No

24. MY ANSWER TO THE CHILD SUPPORT NOTICE IS: \$ 0.00 can be paid in court today.

I need: ☐ employment ☒ modification ☒ identification / driver's license ☐ drug/alcohol/gambling treatment ☒ mediation/visitation

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: [Signature]

Today's Date: 11-16-15

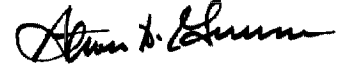
Print Full Name: Michael [unclear]

Any Other Names: none

(DISTRIBUTION: CANARY - Case File, WHITE - Court, PINK - NCP)

Exhibit 5

MRAO
STEVEN B. WOLFSON
DISTRICT ATTORNEY
Nevada Bar No. 001565
FAMILY SUPPORT DIVISION
1900 East Flamingo Road, Suite 100
Las Vegas, Nevada 89119-5168
(702) 671-9200
TDD (702) 385-7486 (for the hearing impaired)
294910200A



CLERK OF THE COURT

District Court

CLARK COUNTY, NEVADA

Patricia Foley,

Petitioner,

vs.

Michael Foley,

Respondent.

Case No. R-11-162425-R

Department No. CHILD SUPPORT

MASTER'S RECOMMENDATION

This matter having been heard on MAY 17, 2016 before the undersigned Hearing Master, having considered all the evidence and having been fully advised in the premises, hereby makes the following Findings and Recommendations:

Parties present: ☐ Respondent ☐ Respondent's attorney ☐ Petitioner ☐ Petitioner's attorney

☐ PATERNITY ☒ PATERNITY PREVIOUSLY DECIDED

☒ FINANCIALS: ☐ CONTINUE PRIOR ORDERS (NO CHANGE TO PRIOR FINANCIAL ORDERS).

Respondent's gross monthly income (GMI) : ; formula amount % of GMI=

Basis for deviation from state formula: _____

Respondent is to pay current support for the child(ren), Michael Foley, AND Elizabeth Foley, AND Therese Foley.

CHILD SUPPORT

Respondent is to pay monthly:

\$729.00 Temp child support

\$79.00 medical support (in lieu of health insurance)

spousal support

\$25.00 arrears payment

☒ ARREARAGES ☐ ARREARAGES NOT ADDRESSED AT THIS HEARING

Arrears/Obligation period is _____ through 01/31/2016.

Arrears, Interest & Penalties calculated through 01/31/2016 by audit. For accounting purposes next payment falls due 02/01/2016.

child support arrearage of	<u>\$41,430.21</u>	plus interest of	<u>\$6,620.31</u>	penalty of	<u>\$4,847.82</u>
----------------------------	--------------------	------------------	-------------------	------------	-------------------

medical support arrearage of	<u>\$3,555.00</u>	plus interest of	<u>\$367.45</u>	penalty of	<u>\$347.60</u>
------------------------------	-------------------	------------------	-----------------	------------	-----------------

spousal support arrearage of	_____	plus interest of	_____		
------------------------------	-------	------------------	-------	--	--

medical expense arrearage of	_____				
------------------------------	-------	--	--	--	--

genetic test costs of	_____				
-----------------------	-------	--	--	--	--

total arrearages of	<u>\$44,985.21</u>	total interest	<u>\$6,987.76</u>	total penalty	<u>\$5,195.42</u>
---------------------	--------------------	----------------	-------------------	---------------	-------------------

GRAND TOTAL (arrearages + interest + penalty) = \$57,168.39

☐ The total arrears are hereby confirmed.

☒ The total arrears, interest and penalties are reduced to judgment. This supersedes prior Nevada judgments, if any, awarded under this case number. Interest will be assessed on all unpaid child support balances for cases with a Nevada controlling order pursuant to NRS 99.040. A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an obligation to pay support for a child, pursuant to NRS 125B.095.

☐ Arrears of \$_____ subject to modification until _____, and arrears of \$_____ reduced to judgment.

☒ Arrears listed above are reduced to judgment. This supersedes prior Nevada judgments, if any, awarded under this case number.

☐

\$ 833.00

TOTAL monthly payment is due on the 1st day of each month, and continues thereafter until said child(ren) reach majority, become emancipated or further order of the Court.

Respondent's **INCOME SHALL BE WITHHELD** for the payment of support.

☐ Good cause to stay income withholding is based on:_____. Said withholding shall be postponed until Respondent becomes delinquent in an amount equal to 30 days support.

☐ ENFORCEMENT OF CONTROLLING ORDER: The registered order from _____, dated _____, # _____, is hereby confirmed and is the controlling order for the following reasons: ☐ only order _____.

☐ ESTABLISHMENT OF CONTROLLING ORDER: This is the first order establishing a child support obligation for this noncustodial parent for the child(ren) listed in this order who reside(s) with this custodian.

☐ Respondent is referred to Employment Services for an appointment on _____ at _____ AM.

☒ Health insurance coverage for the minor child(ren) herein:

☐ Respondent to provide: ☒ Petitioner to provide, excluding Medicaid: ☐ Both Parties to provide:

☒ if available through employer. ☐ shall provide per court order.

☒ Ordered Party(ies) to provide proof of said insurance to the District Attorney's Office, Family Support Division within 90 days of today's date.

☒ CONTEMPT OF COURT ☐ NOT A SHOW CAUSE HEARING

☐ **RESPONDENT ORDERED TO SHOW CAUSE CONCERNING CONTEMPT.**

☒ **ORDER TO SHOW CAUSE CONTINUED TO NEXT COURT DATE.**

☐ Respondent is hereby found in Contempt of Court and sentenced to _____ days in the Clark County Detention Center; this sentence shall be stayed until the next court date.

☒ The following sentence(s) shall be stayed/continued to the next court date unless imposed or vacated today:

Sentence of 16 days in the Clark County Detention Center issued 11/21/13 is _____ imposed _____ vacated X stayed

Sentence of 25 days in the Clark County Detention Center issued 03/12/14 is _____ imposed _____ vacated X stayed

Sentence of 25 days in the Clark County Detention Center issued 02/19/15 is _____ imposed _____ vacated X stayed

Sentence of 25 days in the Clark County Detention Center issued 07/09/15 is _____ imposed _____ vacated X stayed

☐ Respondent is recommended for the day arrest program on _____.

☐ Respondent to be released from custody on _____.

☐ Respondent may be released from the above sentence immediately upon payment of \$_____ to be released to Petitioner as child support.

☐ **NO BAIL BENCH WARRANT HEREBY ISSUED FOR THE ARREST OF RESPONDENT. RESPONDENT MAY BE RELEASED UPON PAYMENT OF \$_____ TO BE RELEASED TO PETITIONER AS CHILD SUPPORT. Where circumstances justify a sufficient basis, the District Attorney may administratively quash or recall the bench warrant.**

☐ **BENCH WARRANT PREVIOUSLY ISSUED IS HEREBY** ☐ **QUASHED.** ☐ **CONTINUED.**

☐ **MODIFICATION OF PRIOR ORDER:**

☐ SUSPENSION OF LICENSES:

PAYMENTS

All mailed payments **MUST** be made in the form of a cashier's check, money order or business check **ONLY**, made payable to State Collection and Disbursement Unit (SCaDU). If payments are made in person, cash or debit card are also accepted.

Payments can be mailed to:

State Collection and Disbursement Unit (SCaDU)
P.O. Box 98950
Las Vegas, Nevada 89193-8950

Payments can be made in person at:

State Collection and Disbursement Unit (SCaDU)
1900 East Flamingo Road
Las Vegas, Nevada 89119-5168

Additionally, the following information must be included with each payment: name (first, middle, last) of person responsible for paying child support, social security number of person responsible for paying child support, child support case number, and name of petitioner (first and last name of person receiving child support).

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

NOTICE: PRIOR ORDERS NOT SPECIFICALLY MODIFIED HEREIN REMAIN IN FULL FORCE AND EFFECT.

NOTICE: Interest will be assessed on all unpaid child support balances for cases with a Nevada controlling order pursuant to NRS 99.040. A 10% penalty will be assessed on each unpaid installment, or portion thereof, of an obligation to pay support for a child, pursuant to NRS 125B.095. If the Respondent pays support through income withholding and the full obligation is not met by the amount withheld by the employer, the Respondent is responsible to pay the difference between the court ordered obligation and the amount withheld by the employer directly to the state disbursement unit. If the Respondent fails to do so, he/she may be subject to assessment of penalties and interest. The Respondent may avoid these additional costs by making current support payments each month. If another state takes jurisdiction and obtains a new order, Nevada interest and penalties will only be calculated to the date of the new order and will be enforced.

NOTICE: Pursuant to NRS 125B.145 and federal law, EITHER parent, the legal guardian, and the Division of Welfare and Supportive Services, where there is an assignment of support rights to the State, has the right to request a review of the support provision of this order at least every three (3) years to determine if modification is appropriate; an application for this purpose may be obtained from D.A. Family Support at 1900 E. Flamingo Rd., Suite 100, Las Vegas, Nevada 89119-5168.

NOTICE: Objections/Appeals are governed by EDCR1.40(e) and (f). You have ten (10) days from receipt of this Master's Recommendation to serve and file written objections to it. A failure to file and serve written objections will result in a final Order/Judgment being ordered by District Court. However, the Master's Recommendation is not an Order/Judgment unless signed and filed by a Judge.

NOTICE: Appeal from a Final Judgment by the Court is governed by NRAP 4 and must be filed within 30 days of written Notice of Entry of Judgment.

NOTICE: Respondent is responsible for notifying the District Attorney, Family Support Division, of any change of address, change of employment, health insurance coverage, change of custody, or any order relative to child support within ten (10) days of such change.

Respondent to bring new financial statement and proof of income next date.

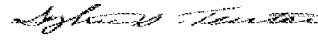
This order does not stay collection of support arrears by execution or any other means allowed by law.

1 MISCELLANEOUS FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATIONS:

2 Last payment-8/2014. Respondent's request to modify is hereby DENIED for his failure to appear today and provide proof of income and 2015 tax returns as previously ordered.

3 NEXT HEARING DATE IS July 13, 2016 at 2:15 PM in Courtroom 1 in Child Support Court
4 at Child Support Center of Southern Nevada, 1900 East Flamingo Road, Las Vegas, Nevada, for further proceedings.

5
6 DATED: MAY 17, 2016



7 MASTER

8
9 Respondent/Respondent's Attorney
10 Receipt of this document is
11 acknowledged by my signature.

11 ORDER/JUDGMENT

12 ☒ The Clerk of the Court having reviewed the District Court's file and having determined that no objection has been filed within the ten day objection period, **the Master's Recommendation is hereby deemed approved by the District Court pursuant to NRS 425.3844.** The affixing of the Clerk of the Court's file stamp to this Master's Recommendation signifies that the ten-day objection period has expired without an objection having been filed and that the District Court deems the Master's Recommendation to be approved as an **ORDER/JUDGMENT** of the District Court, effective with the file stamp date, without need of a District Court Judge's signature affixed hereto. **The parties are ordered to comply with this Order/Judgment.**

16 ☐ The District Court, having reviewed the above and foregoing Master's Recommendation, and having received and considered the objection thereto, as well as any other papers, testimony and argument related thereto and good cause appearing,

17 ☐ **IT IS HEREBY ORDERED** that the Master's Recommendation IS affirmed and adopted as an
18 **ORDER/JUDGMENT** of the District Court this _____ day of _____, 20____.

19 ☐ **IT IS HEREBY ORDERED** that the Master's Recommendation IS NOT affirmed and adopted this _____ day of
20 _____, 20____ and this matter is remanded to Child Support Court on _____, 20____ at
_____M.

21 _____
22 District Court Judge, Family Division

23 STEVEN B. WOLFSON, Clark County District Attorney
Nevada Bar No. 001565

24 By: 

25 DEPUTY DISTRICT ATTORNEY
26 FAMILY SUPPORT DIVISION
1900 East Flamingo Road, Suite 100
Las Vegas, Nevada 89119-5168

CERTIFICATE OF SERVICE

I certify that on the date indicated below, I served a copy of this Amicus Joint Appendix upon all parties to the appeal as follows:

☒ By mailing it by first class mail with sufficient postage prepaid to the following address(es):

Daniel F. Polsenberg, Esq.
Abraham G. Smith, Esq.
LEWIS ROCA ROTHGERBER CHRISTIE LLP
3993 Howard Hughes Parkway, Suite 600
Las Vegas Nevada 89169
Counsels for Appellant

Patricia Foley
8937 Austin Ridge Avenue
Las Vegas Nevada 89178
Respondent Pro Se

Dated this 6th day of November, 2017.



Signature of Moving Party

Somara Hok

Printed Name of Moving Party

1900 East Flamingo Road, Suite 100
Address

Las Vegas, Nevada 89119
City/State/Zip

(702) 671-9476
Telephone