

IN THE SUPREME COURT OF THE STATE OF NEVADA

Jeffrey Reed,

Petitioner,

vs.

The Eighth Judicial District Court of the
State of Nevada, in and for the County of
Clark, and the Department “H” District
Court Judge T. Arthur Ritchie, Jr.,

Respondents,

Alecia Reed nka Draper, and Alecia
Draper, as Conservator of Emily Reed,

Real Parties in Interest.

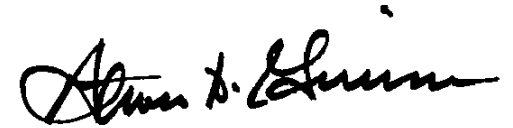
**PETITIONER’S APPENDIX TO WRIT OF MANDAMUS OR, IN THE
ALTERNATIVE, WRIT OF PROHIBITION**

VOLUME I OF V

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CLERK OF THE COURT

MOT

Name: Alecia Ann Draper

Address: 2217 Florida St. Apt. # 3

Huntington Beach, CA 92648

Telephone: 714 916-1524

Email Address: aleciakremidas2@gmail.com

In Proper Person

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Alecia Ann Draper

Plaintiff,

VS.

Jeffrey Allen Reed

Defendant.

CASE NO.: D-338668

DEPT: S

DATE OF HEARING: **3/4/2015**

TIME OF HEARING: **10:30 AM**

Oral Argument Requested: ☒ Yes ☐ No

**MOTION AND NOTICE OF MOTION FOR ORDERS TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

TO: Name of Opposing Party and Party's Attorney, if any, Jeffrey Allen Reed

PLEASE TAKE NOTICE that a hearing on this motion will be held on the date and time
above before the Eighth Judicial District Court - Family Division located at: (☒ *check one*)

- ☐ The Family Courts and Services Center, 601 N. Pecos Road Las Vegas, Nevada 89101.
- ☐ The Regional Justice Center, 200 Lewis Avenue Las Vegas, Nevada 89101.
- ☐ The Child Support Center of Southern Nevada, 1900 E. Flamingo Rd #100, LV NV 89119.

NOTICE: YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS MOTION
WITH THE CLERK OF THE COURT AND TO PROVIDE THE UNDERSIGNED WITH A
COPY OF YOUR RESPONSE WITHIN 10 DAYS OF THE RECEIPT OF THIS MOTION.
FAILURE TO FILE A WRITTEN RESPONSE WITH THE CLERK OF COURT WITHIN 10
DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN THE REQUEST FOR
RELIEF BEING GRANTED BY THE COURT WITHOUT A HEARING PRIOR TO THE
SCHEDULED HEARING DATE.

Submitted By: Alecia Ann Draper

(☒ *check one*) ☒ Plaintiff / ☐ Defendant In Proper Person

MOTION

(Your name) Alecia Ann Draper, in Proper Person, moves this Court for an Order modifying child custody, visitation, and/or child support.

POINTS AND AUTHORITIES LEGAL ARGUMENT

(☒ you must check and comply with the box below)

- ☒ I understand that I must file my Financial Disclosure Form to support my request to modify child support, and that failure to file my Financial Disclosure Form may result in my request being denied.

The court may modify or vacate its child custody order at any time. NRS 125.510. When considering whether to modify physical custody, the court must determine what type of physical custody arrangement exists between the parties. The court must look at the actual physical custody timeshare the parties are exercising to determine what custody arrangement is in effect. Rivero v. Rivero, 125 Nev. 410, 430, 216 P.3d 213, 227 (2009).

Different tests apply to modify custody depending on the current custody arrangement. Joint physical custody may be modified or terminated if it is in the best interest of the child. NRS 125.510; Truax v. Truax, 110 Nev. 473, 874 P.2d 10 (1994). Primary physical custody may be modified only when “(1) there has been a substantial change in circumstances affecting the welfare of the child, and (2) the modification would serve the child's best interest.” Ellis v. Carucci, 123 Nev. 145, 153, 161 P.3d 239, 244 (2007).

A child support order must be reviewed by the court every three years upon request of a parent or guardian. A child support order may be reviewed at any time on the basis of changed circumstances. A change in 20% or more in the gross monthly income of a person subject to a child support order shall be deemed changed circumstances. NRS 125B.145. Any inaccuracy or falsification of financial information which results in an inappropriate award of child support is also grounds to modify child support. NRS 125B.080.

FACTS AND ARGUMENT

A. Request to Modify Child Custody and/or Visitation

1. **Current Custody Order.** The current custody order was filed on (date) Aug 5, 2005.
2. **Modification of Legal Custody.** (☒ check one)
 - ☐ Legal custody should not be changed. (STOP. Go to Section 3)
 - ☒ Legal custody should be changed. Listed below are the current legal custody order and the legal custody order I would like the Court to order.

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> check one	I Would Like: <input checked="" type="checkbox"/> check one
Emily C Reed	11/16/96	<input type="checkbox"/> No legal custody <input checked="" type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input checked="" type="checkbox"/> Sole legal custody
Anthony J Reed	05/26/99	<input type="checkbox"/> No legal custody <input checked="" type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input checked="" type="checkbox"/> Sole legal custody
Adam P Reed	01/23/01	<input type="checkbox"/> No legal custody <input checked="" type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input checked="" type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody

- a. It is in the best interest of the child(ren) to change legal custody because (explain): See attached Page 1

3. **Modification of Physical Custody.** (☒ check one)
 - ☐ Physical custody should not be changed. (STOP. Go to Section 4)
 - ☒ Physical custody should be changed. Listed below are the current physical custody order and the physical custody order I would like the Court to order.

Plaintiff: Alecia Draper

2. Modification of Legal Custody.

a. It is in the best interest of the child(ren) to change legal custody because (*explain*):

There has been a substantial change in circumstances affecting the welfare of the children Emily, Anthony, and Adam Reed. Emily disclosed she had been sexually, mentally, and emotionally, abused for a period of over 8 years during Jeff Reed's visitation schedule that was ordered by the court in 2005. She also expressed the mental, emotional, and physical, abuse Adam had suffered while in Jeff's care by Allen Gorry. I, Alecia Draper, have been making all educational, medical, and social decisions for Emily, Anthony, and Adam Reed since February 2014. I meet with doctors, therapists, psychologist, school psychologists/counselors and teachers to determine the necessary steps for Emily and Adam's recovery. Emily and Adam were hospitalized for suicidal thoughts, depression, self harm, and anxiety. Although Jeff expressed he would move back to California to help support the children's recovery he has remained in Las Vegas. Jeff does not play an active role in the decisions needed to protect and care for the children's mental and physical health. Jeff Reed's current employer has many branch office locations in Southern California. All of Jeff's family, parents, two sisters, and a brother live in California and have offered to do anything they can to help with the transition. He has unwillingly or been unable to relocate closer to care and take part in the immediate physical, mental, and emotional needs of Emily, Anthony, and Adam. This modification would serve in the children's best interest.

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> <i>check one</i>	I Would Like: <input checked="" type="checkbox"/> <i>check one</i>
Emily Christine Reed	11/16/96	<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input checked="" type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input checked="" type="checkbox"/> Sole physical custody
Anthony Jeffrey Reed	05/26/99	<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input checked="" type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input checked="" type="checkbox"/> Sole physical custody
Adam Parker Reed	01/23/01	<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input checked="" type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input checked="" type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody

- a. It is in the best interest of the child(ren) to change physical custody because (*explain*):
 See attached Page 2

Plaintiff: Alecia Draper

3. Modification of Physical Custody.

a. It is in the best interest of the child(ren) to change physical custody because

I am asking for Sole Physical Custody because Jeff has been unable to maintain an environment that would protect the mental, physical, and emotional health of Emily, Anthony, and Adam Reed. Emily has been sexually abused for over 8 years by Jeff Reed's caretaker/roommate, Allen Gorry, during Jeff Reed's visitation from 2005 until February 2014. Jeff allowed Allen Gorry and Carla Newlin to provide the residential home and parental care during his time share. The kids have suffered severe mental and emotional abuse that will take many years for healing and recovery. Jeff has moved at least once and I believe the kids said he moved a second time without updating myself or the courts. Jeff continues to put the children in harm's way by using Emily as the mediator, and not discussing things with me directly. Most important would be the visitation time he comes to visit in CA. This was changed in March of 2014 because of the hospitalization, medical care, and therapy needed for both Emily and Adam. It is not safe in Las Vegas at this time for their return and their emotional and mental health would be in jeopardy. This has caused Emily great anxiety and setbacks in her therapy process. If Jeff Reed can't reach Emily he calls Anthony, then Adam. Jeff has refused to return my text messages or answer questions about a set visitation schedule, medical, education and financial issues in the resent months. He tells the kids, "He doesn't need to talk to me and he will not respond." This destructive verbal behavior is causing setbacks for both Emily and Adam in weekly therapy. It was recommended that Jeff attend weekly SKYPE therapy with all the children back in May of 2014 because of the emotional, physical, and mental damage that occurred in his home and under his care. Adam has more anger and is verbally abuse towards me when Jeff decides he will contact the children to visit for the weekend. I believe it would be in the best interest for the children to have supervised visitation while Jeff visits in California.

6. **Public Assistance.** (☒ *check one*)

- ☒ I have never received Temporary Assistance for Needy Families (TANF).
☐ I am now or have received Temporary Assistance for Needy Families (TANF) in the past.

7. **Parties' Income.**

My gross monthly income is (*insert amount*): \$ 3,338.28 / OR ☐ unknown.

The other parent's gross monthly income is (*insert amount*): \$ _____ / OR ☒ unknown.

8. **Reason for Modification.** I want child support modified because: (☒ *check all that apply*)

- ☒ Child support should be reset based on the change in custody I am requesting.
☒ The gross monthly income of the person paying child support has changed by more than 20% since the last child support order was entered.
☒ It has been more than three years since child support was last reviewed.
☐ The following child(ren) has/have emancipated (*write name(s)*):

- ☐ The current child support order was set based on inaccurate or false information. (*give the reason you believe child support was set inaccurately*) _____

- ☒ The parties are not following the custodial schedule on which child support was based: (*explain the custodial schedule you have been following*): See attached, Page 3

It is in the children's best interest to modify child support because (*tell the judge why it is in the children's best interest to change child support*): See attached , Page 4

Plaintiff: Alecia Draper

8. Reason for Modification:

The parties are not following the custodial schedule on which child support was based:(explain the custodial schedule you have been following):

Emily, Anthony, and Adam did not spend 7 weeks in the summer of 2014; or have not spent any time with Jeff in Las Vegas every other weekend as specified. Emily disclosed sexual, mental, and emotional abuse from Allen Gorry for a time period of over 8 years while under Allen's care during Jeff's visitation. Adam suffered mental and physical abuse that was reported to his current therapist and CPS reports were filed. An arrest warrant was issued for Allen Gorry for 7 felony sexual accounts, but he has not been located for the arrest to be made, **Case J.C. File NO: 14F13227X**. From 3/18/14 until present time the 114 days a year of visitation is not being followed. Jeff visits in California without notifying me directly. He contacts one of the children and lets them know when he is coming into town. Due to extreme circumstances and what has now been disclosed, the children are not emotionally able to be the contact for Jeff's time share. I realize their age would indicate they are mature young adults. According to the psychologists' that were treating the children during their hospitalization; Emily who just turned 18 is emotionally age 9 and Adam who is 13 is emotionally age 6. Emily was at UCI Medical Center and then transferred to Center for Discovery. She missed 2 months of school. Adam was admitted to Center for Discovery and also missed 30 days of school, last school year. Anthony did receive individual and family therapy for over three months but is no longer in therapy at this time. Emily and Adam have been working hard each week with their individual therapists. They continue to get good grades and are involved in activities with their friends. At this time trips to Vegas would not be in their best interest. I am asking for a set schedule that Jeff can commit to. This will allow the kids to plan their days and activities around his visits. I am also asking for supervised visitation because Jeff has not demonstrated the ability to protect them from harmful influences and abuse.

Plaintiff: Alecia Draper

8. Reason for Modification:(continued)

**It is in the children's best interest to modify child support because
(tell the judge why it is in
the children's best interest to change child support):**

I was layed off on 3/14/14, 4 days before Emily was admitted into UCI. During this time I have been full time care taker for Emily, Anthony and Adam. Emily and Adam where hospitalized and we have had many weekly medical appointments. The children need much attention and care because of the traumatic events that have taken place. I was unable to take full time work, due to the time and needs of Emily. She will need many years of therapy and these events have delayed her ability to be independent and advocate for herself at this time. She has been diagnosed with severe PTSD and disassociation, and anxiety. Adam has depression, anger, and has gained 60lbs. in the last three years. He eats for comfort and is at high risk for childhood diabetes. I have been paying for a gym membership, trainer, self defense class for both Emily and Adam but can no longer afford to do this on my own. Jeff does not split activities with me that are important for the kids mental and physical health at this time. I am asking for a review of Jeff's income because it has been over three years and he has implied he was promoted to manager and cannot visit more due to his busy work schedule and commitments. I am providing for the children financially and I would like the court to decide on child support based on this new information.

9. **Amount Requested.** (☒ *check one*)

- ☐ Child support should be modified so that (*name of person who should pay child support*) _____ pays (*amount*) \$ _____ per month in child support.
- ☐ Child support should be set at the statutory minimum of \$100 per month, per child;
- ☒ I'm not sure how much child support should be paid. The judge should set child support.
- ☐ Other (*explain how much child support should be ordered and how you came up with the amount of child support*): _____

C. Other Relief

10. In addition to the relief requested above, I would like the Court to also order the following:
(*Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.*) See attached, Pages 5-6

I respectfully ask the Court to grant me the relief requested above, including an award of attorney's fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED November 17, _____, 2014.

Submitted By: (*your signature*) Alecia Ann Draper
(*print your name*) Alecia Ann Draper

C. Other Relief

10. In addition to the relief requested above, I would like the Court to also order the following:

(Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.)

I would ask that Jeff pay 100% for therapy for Emily and Adam in the amount of \$250.00 a month until therapy is no longer needed (**Exhibit- f.**). I am asking that the \$5,000.00 that was court ordered for attorneys' fees in 2011 be paid in full (**Exhibit- g. line 23**). I am currently making a monthly payment of \$350.00 to my previous attorney, Kunin & Carman, and have a balance of \$6,347.21(**Exhibit- h.**). Jeff filed bankruptcy after our custody case in 2011 and did not pay the court awarded fees I was owed. I am asking that Jeff reimburse me for the air fare that I covered for Emily and I to fly to Las Vegas in order to file sexual abuse charges against Allen Gorry(**Exhibit- i.**). Emily's doctors gave me the approval to fly with her to Las Vegas and meet with the LVPD so she could give her statement. Emily feared her safety and the safety of the girls that lived on the same street and would visit with Allen Gorry. Steve Immerman requested that the LVPD come to see Emily at the hospital but they declined and said she would need to go to Las Vegas. She needed to be back in the hospital on the same day. The psychologist did not recommend the drive to Las Vegas because it may have been too difficult emotionally. Emily gave her statement to detective Liza Salavessa-Cho on April 10, 2014. Steve Immerman, a Las Vegas attorney, called and had an appointment set up shortly after our arrival time in Las Vegas. The total cost was \$417.91. I am asking that the attorney fee of \$5,000.00 I paid to Callister + Associates for attorney Steve Immerman to give legal counsel and meet in person with myself, Emily, and family at UCI medical center on 3/28/2014 is reimbursed (**Exhibit- j.**). Steve Immerman also assisted in trying to get a restraining order in the state of California for protection for Emily, Anthony, Adam, and myself. I was unsuccessful do to the jurisdiction of where Allen Gorry lives;

Plaintiff: Alecia Draper

C. Other Relief

10. In addition to the relief requested above, I would like the Court to also order the following:

(Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.) (continued)

LVPD suggested I try, if I was afraid for our safety. In total I am requesting \$550.00 a month for medical, dental, and mental health coverage for Emily, Anthony, and Adam until the age of 25, or as long as needed. I am asking Jeff and I split all out of pocket medical 50/50 and follow the 30/30 rule like we have been doing. Jeff was ordered by the court to pay 100% of medical and dental for the 3 children in the state of Nevada. Because the children reside full time in California his medical coverage in the state of Nevada was considered an "out of network provider" and would not cover a large portion of the medical expenses. Jeff and I agreed verbally in June of 2014 to the amount of \$300.00 a month that he would pay towards medical and dental coverage. I am now providing the medical and dental insurance for the children in the state of California. We also agreed to split any additional out of pocket medical or co-payments above the \$300.00(**Exhibit- k.**). We would follow the 30/30 rule that was in our court order for medical. In total, I am requesting the amount of \$10,417.91 I paid for fees that were necessary to ensure my children's safety, \$5,000 of which the court already ordered in 2011 that was never paid by Jeff Reed.

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

I declare, under penalty of perjury:

1. That I have personal knowledge of the facts contained in this Motion and in this Declaration and I am competent to testify to the same.
2. That the statements in this Motion and Declaration are true and correct to the best of my knowledge.
3. Additional facts to support my requests include: See attached Pages, 7-10

4. I have attached the following Exhibit(s) to the Motion to support my requests: *(Describe exhibit or write N/A on any blank lines.)*

a. See attached Pages, 11-12

b.

c.

d.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED November 17, , 20 14 .

Submitted By: (your signature) 
(print your name) Alecia Ann Draper

Plaintiff: Alecia Draper

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD
CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

3. Additional facts to support my requests include:

A CPS report was filed in CA on 4/4/14(**Exhibit- a.**). Emily was admitted to UCI medical center on 3/18/14 for thoughts of suicide and self harm. Emily wrote a letter as part of her treatment goals the day after she had told doctors of her sexual abuse by Allen Gorry (**Exhibit- b.**). There is a criminal case pending in Nevada J.C. File NO: 14F13227X (**Exhibit- c.**) Adam was hospitalized for thoughts of suicide and depression. I was very concerned for my own safety because Adam had been threatening to shoot me with a gun and wanted me dead. He had said he would kill me if he had a gun in front of his therapist Lisa Ennis in the months prior to Emily's hospitalization. Adam was hospitalized for depression and suicidal thoughts the week Emily told the doctors at UCI of the sexual, mental, and emotional abuse both her and Adam suffered. At this time it is unclear if Adam has been sexually abused by Allen Gorry. He does not want to talk about the time spent with Allen. Emily and Adam had psychologists, doctors, and therapist that were treating them on a daily basis. Emily was given multiple medications for flashbacks, panic attacks, anxiety, depression, and suicidal thoughts while hospitalized, and for months after her return home (**Exhibit- d.**). Emily was at UCI medical and transferred to Center for Discovery for an additional 30 days. She was afraid Allen Gorry would find her. She wanted to end her life or run away before she would consider returning home. Allen Gorry and Jeff Reed came to my home in Huntington Beach the weekend of March 15th 2014 to pick Emily and her brothers up for a visit. Emily at this time was unable to travel to Las Vegas because of her emotional state of mind. She was not attending school at this time and would sit on the floor in the fetal position crying and rocking back and forth. She would tell me she didn't know what was wrong and why she was crying. Jeff brought Allen to my home to pick up Emily, Anthony, and Adam

Plaintiff: Alecia Draper

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

3. Additional facts to support my requests include: (continued)

in order to see them. Allen Gorry was born in California and his mom lives 25 minutes away from my home in Huntington Beach, CA. He also has a sister within 35 minutes of my home. Within 48 hours of Allen's visit, Emily was hospitalized for suicide. I picked her up at school and Tiffany Do, the Huntington Beach High School psychologist told me to take her immediately to UCI Medical Center. She was really worried about her mental state and is required by law to inform proper authorities. Emily had expressed a plan to commit suicide to her teacher at school, Tiffany Capps and Tiffany Do. I drove immediately from the school to the hospital. During the time Emily and Adam were in the hospital it was recommended I try and get a restraining order for protection for myself and the children. Anthony wrote a letter as proof of the loaded gun Allen keeps in his home that was shown to him, Emily, and Adam (**Exhibit- e**). Jeff had moved out of Allen and Carla's home and did not return to pick up any furniture. Emily's HOPE chest given to her by her Grandmother that was passed down in the family was still left in Allen and Carla's home. This hope chest has everything Emily had been saving since she was a little girl. Jeff was also in fear that Allen would do something; he had shown dangerous behavior in the past and had his loaded unregistered gun. Jeff warned Steve Immerman and I that Allen was capable of using his gun and felt the children and I needed the protection. Jeff has never returned to Allen's home to get Emily's hope chest after she has begged him for several months. He should be able to do this with the proper authority's help. Jeff did not file a restraining order in Las Vegas for my children's safety after he found out what Allen had been doing all these years to our children. They were the caretakers for over 9 years during Jeff's timeshare. The children report that Al and Carla wanted me dead and to disappear. Allen and Carla where mentally and emotionally abusing all of the children. Jeff stood aside and let this happen without removing himself and the children from this horrific environment. This was very concerning since Adam had been making threats to kill me since December of 2013. I tried to get a restraining order in California against

Plaintiff: Alecia Draper

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

3. Additional facts to support my requests include: (continued)

Allen Gorry. I was unsuccessful because the crime and jurisdiction for Allen was in Nevada. Emily and I believed then and NOW our safety is in jeopardy until Allen Gorry is arrested. Steve Immerman's office was involved in trying to get Allen Gorry served, after 6 attempts and spending \$443.00 they could only serve his attorney on file (**Exhibit- l.**). Allen lied about owning a gun in his response to my restraining order and denied all accusations of the sexual abuse (**Exhibit- m.**). I was denied the restraining order because the California court would not accept service of an attorney. Allen was never found to serve directly in person. Second reason was because they said Allen lives in the state of Nevada and they did not have jurisdiction. I have exhausted all the ways I can in order to protect my children. Jeff has made no effort in fear for his own safety. I have spent time, money, and exhausted all of my resources. Jeff did fill out and file the State of Nevada Victim of Crime Program paperwork. Emily was accepted based on the evidence (**Exhibit- n.**). This program has covered \$1,000.00 of out of pocket medical co-payments that were due for Emily's hospitalizations. The claim number is: 14-10027066-LV. I have sent them all bills and payments I have made. I am still waiting on a response for further payments if any. No other moneys have been paid for past bills and continued therapy that is needed for recovery from these traumatic events that have occurred during Jeff Reeds timeshare. Jeff has moved at least one time since March of 2014. I was told by the children in November 2014 that Jeff had moved a second time. I requested Jeff send me his new home address on 12/03/14. Jeff stays at Pete and Penny Reed's home when he does decide to visit the children. Emily experiences setbacks in her recovery when Jeff decides he can visit. They are never planned in advance and discussed through me ahead of time. This is causing Emily severe anxiety and panic attacks leading up to his visit and the weeks following. Adam has more anger and aggressive behavior before and after Jeff visits with him at his parents' home. Emily has suffered what no girl should ever be victim to while in Jeff's care. Adam is too young to identify

Plaintiff: Alecia Draper

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

3. Additional facts to support my requests include: (continued)

the abuse that took place and he has buried it deep down because of the pain, according to his therapist. Emily does remember the verbal and physical abuse Adam suffered from Allen Gorry and she cries if we talk about it. Jeff denies knowing Allen's actions and behaviors in the home that he would leave our children in overnight on a weekly basis from the time of our divorce in 2005. Jeff has been physically and emotionally unavailable for them as a parent, even after knowing what they have gone through. He gave his parental responsibility to a sexual predator who is violent, dangerous, mentally, and emotionally abusive towards them for a period of 9 years. Jeff continues to neglect the welfare of the children by not spending more time with them in the recovery process. Jeff has made no effort to communicate with me about the children. This is causing more damage to all of the children. I am witnessing the long and hard recovery Emily must endure for the rest of her life. This process is so painful words cannot describe my heartbreak. For over half of her young life, 8 years until 17 years old she was robbed of the most crucial developmental stages of her life. Jeff should be held to the highest standards of the court for protecting his children under the law.

Plaintiff: Alecia Draper

DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY, VISITATION, AND/OR CHILD SUPPORT:

4. I have attached the following Exhibit(s) to the Motion to support my requests: (*Describe exhibit or write N/A on any blank lines.*)

- a. Orange County CPS report 3/26/14- Referral Date 4/4/14
- b. Letter written by Emily Reed on 3/27/14, disclosing sexual abuse
- c. Office of District Attorney Witness letters for Emily Reed and Alecia Draper case No: 14F13227X
- d. Letters from therapists, proof of Emily Reed and Adam Reed's hospitalizations, list of Emily's medications needed from 3/2014 – 7/2014
- e. Letter from Anthony as proof that Allen Gorry was in possession of a fire arm and showed it to the children at his home
- f. Receipt for monthly payment of \$250.00, Emily(2x week) and Adam's (1x week) Relationship Warehouse
- g. Proof of court awarded fees of \$5,000.00 from relocation/custody case in 2011
- h. Statement of \$6,347.21 owed to previous attorney Kunin & Carman from court case in 2011
- i. Receipt paid, \$417.91, air fare for Emily and I to fly to give statement of sexual abuse to the LVPD
- j. Receipt paid, \$5,000.00 for Callister + Associates to retain Steve Immerman for legal assistance for Emily's protection in sexual abuse case
- k. Copies of check and bank deposits for the \$300.00 a month Jeff has been paying for medical coverage. Proof of California medical and dental coverage Alecia Draper is now carrying. Proof of 50/50 split of out of pocket medical we have been doing, following the 30/30 rule

Plaintiff: Alecia Draper

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT: (continued)**

**4. I have attached the following Exhibit(s) to the Motion to support my requests:
(Describe exhibit or write N/A on any blank lines.)**

l. Copy of attempts to have Callister +Associates assists in getting a restraining order approved for Emily, Anthony, Adam, and my protection in the state of California

m. Allen Gorry's response to Request for Civil Harassment Restraining Order. He lied about owning a gun. This is an unregistered gun in Las Vegas

n. Copy of Victim of Crime Program that Emily Reed was accepted into claim number 14-10027066-LV

EXHIBIT 1
REGULAR TIMESHARE / VISITATION

Week	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<i>Sample</i>	Mom Pick up at 11 a.m.	Mom	Dad Pick up after school at 3 p.m.	Dad	Dad	Mom Pick up after school at 3 p.m.	Mom
<i>Week #1</i>	Mom	Mom	Mom	Mom	Mom	Mom	Mom
<i>Week #2</i>	Mom	Mom	Mom	Mom	Mom	Mom	Mom
<i>Week #3</i>	Mom	Mom	Mom	Mom	Mom	Dad-pick up kids at my home in CA- stays with Pete and Penny Reed (Biological Grandparents at their home in Cypress CA) <i>w/supervised visit</i>	Dad
<i>Week #4</i>	Dad- Drops kids off at 8pm at home	Mom	Mom	Mom	Mom	Mom	Mom

EXHIBIT 2 - HOLIDAY SCHEDULE

Parent 1's Name: **Alecia Draper**

Parent 2's Name: **Jeff Reed**

Check box if this holiday applies:	Holiday:	Time (circle a.m. or p.m.):	Even Years	Odd Years
<input checked="" type="checkbox"/>	New Year's Eve	From: 8 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	New Year's Day	From: 12 a.m./p.m. To: 10 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Martin Luther King, Jr. Day	From: 12 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Presidents' Day	From: 12 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Passover	From: a.m./p.m. To: a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Easter	From: 8 a.m./p.m. To: 10 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Memorial Day	From: 8 a.m./p.m. To: 8 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Mother's Day	From: 12 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Father's Day	From: 8 a.m./p.m. To: 10 a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	4 th of July	From: 8 a.m./p.m. To: 11 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Labor Day	From: 12 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Rosh Hashanah	From: a.m./p.m. To: a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Yom Kippur	From: a.m./p.m. To: a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Nevada Day	From: a.m./p.m. To: a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Halloween	From: 12 a.m./p.m. To: 12 a.m./p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Veterans Day	From: a.m./p.m. To: a.m./p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Thanksgiving Day	From: 8 a.m./p.m. To: 10 a.m./p.m.	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2

EXHIBIT 2 Continued

<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Christmas Eve	From: <u>12</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: <u>12</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Christmas	From: <u>8</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: <u>10</u> <input type="checkbox"/> a.m./ <input checked="" type="checkbox"/> p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Parent 1's Birthday	From: <u>12</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: <u>12</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Parent 2's Birthday	From: <u>8</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: <u>10</u> <input type="checkbox"/> a.m./ <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input checked="" type="checkbox"/>	Child's Birthday	From: <u>8</u> <input checked="" type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: <u>10</u> <input type="checkbox"/> a.m./ <input checked="" type="checkbox"/> p.m.	<input checked="" type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input checked="" type="checkbox"/> Parent 2
<input type="checkbox"/>		From: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>		From: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. To: _____ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2

Orange County Children and Family Services
Safety Plan

Exhibit (a.)

Family's Name: <u>Draper</u>		Language: <u>English</u>	Assessment Date: <u>3/26/14</u>
Referral/Case #: <u>1333-8721-7493-004356</u>		Referral Date: <u>4/1/14</u>	
Prior Safety Plan(s)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes How many: _____		Date Range (mo/yr- mo/yr): _____	
Children Assessed:			
	Name	M/F	DOB
1	<u>Emily Reed</u>	<u>F</u>	<u>11/16/96</u> 4
2	<u>Anthony Reed</u>	<u>M</u>	<u>5/26/99</u> 5
3	<u>Adam Reed</u>	<u>M</u>	<u>1/23/01</u> 6
<ul style="list-style-type: none"> Identify Safety Threats and Child Vulnerabilities listed on the back of this form. The Social Worker and family will identify resources/support systems that will be used to maintain the children safely in the home. 			

Safety Threat # Description of the Safety Issue	How will we resolve this Safety Issue [Who will do what]	Completion Date	Who Will Monitor
The child disclosed sexual abuse by Allan Gentry	The mother agrees to not allow the children to have contact with Mr. Gentry.	at all times	mother
	The mother agrees to continue to seek mental health treatment for Emily and Adam.		↓

RESOURCES		
Resource Agency	Phone Number	Safety Threat Resource Addresses

IN SIGNING THIS SAFETY PLAN, I ACKNOWLEDGE THAT I:

- ♦ Participated in the development of the Safety Plan and am willing to participate in resolving the safety issues to keep my child(ren) safely at home;
- ♦ Approve of the Safety Plan and signed it voluntarily;
- ♦ Received a copy of this Safety Plan

Thank you for your participation in the development of this Safety Plan. Your commitment to resolving the safety issues identified above is necessary to ensure the safety of your child. Ongoing safety concerns may require a re-evaluation of this plan or additional action to ensure the safety of your children.

<u>Alicia Draper</u>	4-4-14		
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Child's Signature	Date	Child's Signature	Date
<u>[Signature]</u>	4-4-14		
Social Worker Signature	Date	Supervisor Signature	Date
Social Worker Phone # <u>714 503-2221</u>	Child Abuse Registry Phone # (714) 940-1000		

Exhibit 5

Exhibit 5



Exhibit (C-) 1
1 of 2

OFFICE OF THE DISTRICT ATTORNEY
VICTIM WITNESS ASSISTANCE CENTER

STEVEN B. WOLFSON
District Attorney

Magann N. Jordan, MA
Program Administrator

CHRISTOPHER J. LALLI
Assistant District Attorney

TERESA M. LOWRY
Assistant District Attorney

MARY-ANNE MILLER
County Counsel

08/26/2014

DRAPER, ALECIA
2217 FLORIDA ST #3
HUNTINGTON BEAC, CA 92648

Plaintiff: State of Nevada
VS
Defendant: GORRY, ALLEN
J.C. File NO: 14F13227X
Charges: CAWC UNIT

A criminal complaint was recently filed in the Clark County Justice Court against the above named defendant. You have been included on the witness list for this case and you may receive a subpoena from the District Attorney's office. The subpoena will indicate a date for a preliminary hearing, which will determine if there is enough evidence to try the defendant on the charges. **This is a notification letter only and does not indicate a court appearance.**

In order to better serve you, please keep us informed of any changes in your address, phone number or place of employment. **Please call our office should you change your address, so that we may keep our records updated.** Our office can provide various services to meet your needs as a victim/witness, such as language interpreters and accommodation of physical needs. You may also qualify for counseling funds.

A victim/witness advocate is assigned to this case to assist you as the case proceeds through the court system. If you have any questions, have sustained any injuries, property damage or loss due to this crime, please contact us at 702-671-2525. **Please refer to the JC File number listed above when calling for information.** We will assist you or refer you to the appropriate agency. **Your rights and duties are explained on the reverse side of this letter. Please read and familiarize yourselves with them prior to any court appearances.**

STEVEN B. WOLFSTON
DISTRICT ATTORNEY

BY: Magann N. Jordan, MA
PROGRAM ADMINISTRATOR

Exhibit C.- 1

400 10/1/43

1-5 10/1/43



OFFICE OF THE DISTRICT ATTORNEY
VICTIM WITNESS ASSISTANCE CENTER

Exhibit (c)2
2 of 2

STEVEN B. WOLFSON
District Attorney

Magann N. Jordan, MA
Program Administrator

CHRISTOPHER J. LALLI
Assistant District Attorney

TERESA M. LOWRY
Assistant District Attorney

MARY-ANNE MILLER
County Counsel

8/26/2014

REED, EMILY
2217 FLORIDA ST #3
HUNTINGTON BEAC, CA 00000

Plaintiff: State of Nevada
VS
Defendant: GORRY, ALLEN
J.C. File NO: 14F13227X
Charges: CAWC UNIT

A criminal complaint was recently filed in the Clark County Justice Court against the above named defendant. You have been included on the witness list for this case and you may receive a subpoena from the District Attorney's office. The subpoena will indicate a date for a preliminary hearing, which will determine if there is enough evidence to try the defendant on the charges. **This is a notification letter only and does not indicate a court appearance.**

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A victim/witness advocate is assigned to this case to assist you as the case proceeds through the court system. If you have any questions, have sustained any injuries, property damage or loss due to this crime, please contact us at 702-671-2525. **Please refer to the JC File number listed above when calling for information.** We will assist you or refer you to the appropriate agency. **Your rights and duties are explained on the reverse side of this letter.** **Please read and familiarize yourselves with them prior to any court appearances.**

STEVEN B. WOLFSON
DISTRICT ATTORNEY

BY: Magann N. Jordan, MA
PROGRAM ADMINISTRATOR

Exhibit C-2

8-5 7/10/43

8-5 7/10/43



Dr. Guy Grimes

Roxanna Grimes

Guy@Therelationshipwarehouse.com

Roxanna@Therelationshipwarehouse.com

P.O. Box 2912

Newport Beach, CA 92659

(949) 482-2233

Progress report

Emily Reed

12/5/14

I have been working with Emily Reed for 7 months to assist her in recovery from sexual abuse trauma she experienced throughout childhood and adolescence. She has progressed in her ability to utilize tools that assist her with episodic panic, anxiety, and dissociative behavior. The work we do together is and will continue to be extensive and thorough.

Due to the intensity and longevity of the trauma, I anticipate this work as well as the need for counseling, therapy, and reintegration into life and relationships to be gradual and thereby extended for at least the next 12-24 months, depending on concentrated ability to respond to the treatment.

Respectfully submitted,

Roxanna Grimes MA



Roxanna Grimes

Guy@Therelationshipwarehouse.com

Roxanna@Therelationshipwarehouse.com

P.O. Box 2912

Newport Beach, CA 92659

(949) 482-2233

To whom it may concern:

For the past five months I have treated Adam Reed for an Adjustment Disorder complicated with Mixed Anxiety and Depressed Mood. I meet with Adam weekly to process his emotions and give him tools to function in healthy ways in relationships. Progress has been slow but steady, the goal is to continue with therapy for an additional 7 months.

Guy Grimes
D. Min, MMFC

S-b-tidings

S-b-tidings

Exhibit (d.)-3

May 29, 2014



23832 ROCKFIELD BLVD., STE. 270
LAKE FOREST, CA 92630

501 N. GOLDEN CIRCLE DR., STE 100
SANTA ANA, CA 92705
(714) 543-0483
www.bbkps.com



To whom it may concern:

I am writing this letter on behalf of the Emily, Anthony and Adam Reed. I have been working with this family since Adam was released from Center for Discovery. I have provide weekly family therapy sessions for over the past month as well as individual sessions with Adam. I have consulted with the therapist seeing Emily regarding her understanding of Emily's fears and concerns about Mr. Gorry having any access to being in touch with her.

Based on what we have been told and our observations of the children's behaviors in session we feel that it would be detrimental for Mr. Gorry to have any contact with the Reed children. I understand the Las Vegas Police Department and CPS were contact and reports were filed for child abuse on both Adam and Emily while they were in treatment. We too have filed a CPS report with the Orange County CAR for Emily. It is our understanding that this case is currently being investigated.

Please let me know if I can be of any further service in this manner.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Bautzer'.

Richard Bautzer, LMFT
Executive Director
BBK, Inc

Exhibit d.-3

PET0033

8-6) tidix3

20

8-6) tidix3

Exhibit
(d.)4

Sara Tucker, MSW ACSW 36722
Primary Therapist, Center for Discovery, Atlantic House
425 East 31st Street
Long Beach, CA 90807
(562) 981-0700 x30 (phone)
(562) 981-0809 (fax)
sara.tucker@centerfordiscovery.com

Re: Emily Reed

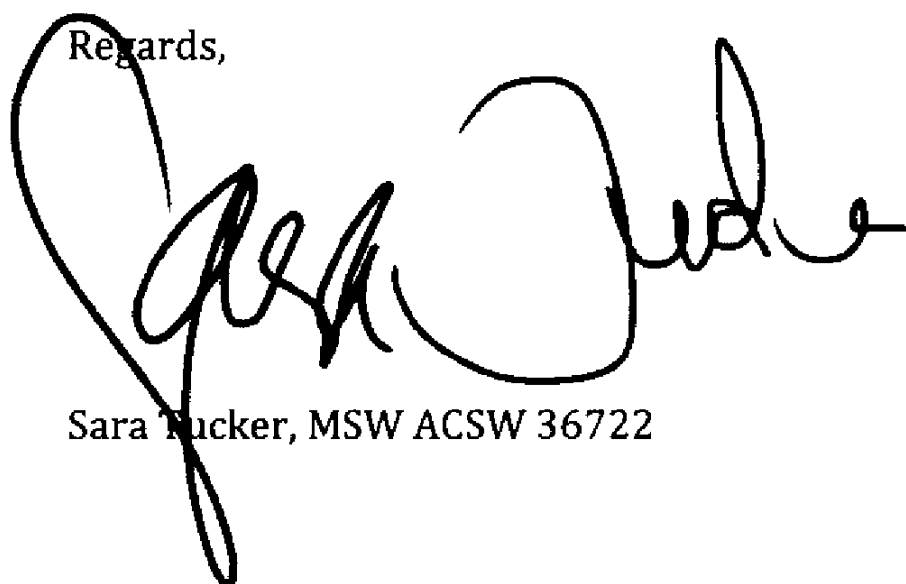
May 29, 2014

To Whom it May Concern:

I am writing this letter in support of obtaining a Temporary Restraining Order for Emily Reed and her family members against Al Gorry. Emily Reed was brought to Center for Discovery, Atlantic House, a mental health-focused residential treatment center (RTC), following a 3-week inpatient stay for suicidal ideation and self-injurious behavior. Emily was brought to RTC by her biological mother on 04/07/2014 and resided at the facility through 05/12/14. I worked with Emily as her individual and family therapist throughout her treatment stay. Emily disclosed a history of sexual and emotional abuse by Al Gorry spanning approximately nine years. While in treatment, Emily presented with symptoms consistent with the diagnosis of Post-Traumatic Stress Disorder (PTSD), Chronic, With Delayed Onset. Her symptoms are consistent with a significant and severe trauma history.

Please let me know if you have any additional questions about Emily's clinical presentation while in treatment.

Regards,

A handwritten signature in black ink, appearing to read 'Sara Tucker', with a large, stylized loop at the end.

Sara Tucker, MSW ACSW 36722

Exhibit-d.-4

Petitioner's name

Petitioner's name



Exhibit d.-5

REED, EMILY

Service Date: 03/18/14
Service End: 04/07/14
Medical Record No: 2342274
Account No: 2034857751

**For Account information, Please Call 888-456-7003
Representatives Available 9:00am to 4:00pm Weekdays Except Holidays
Our E-Mail Address Is ucimcbilling@uci.edu**



Statement of Account 05/29/14

114730

Please detach and return with your payment

Send Correspondence To:

**UC IRVINE MEDICAL CENTER
PATIENT FINANCIAL SERVICES
200 S MANCHESTER, 4TH FLOOR
ORANGE CA 92868
ADDRESS SERVICE REQUESTED**

For Hospital Use Only ADM DT: 031814 DSH DT: 040714 MR:2342274 UNITS:	Account Number: 2034857751		Please Pay This Amount: \$500.00		
	Patient Name: REED, EMILY			Due Upon Receipt	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Card Number:		CVV2 No.:	Exp. Date:	
Signature:			Amount Paid:		
Make Check Payable To: UC IRVINE MEDICAL CENTER					

Make Check Payable To: UC IRVINE MEDICAL CENTER
 * The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

00058862 002 0.72
2034857751
ALECIA DRAPER
2217 FLORIDA ST APT 3
HUNTINGTN BCH CA 92648-2983

Please Remit Payment To:



UC IRVINE MEDICAL CENTER PP
PO BOX 31001-1367
PASADENA, CA 91110-1367

00203485775100000000005000000000000009

Exhibit d-5

FINANCIAL INFORMATION

UCLA Medical Center will bill your health insurance carrier if you have provided us with complete information in a timely manner. However, please remember you are ultimately responsible for payment of all charges.

We expect you to pay the amount shown in the "Please Pay This Amount" block on the front of this statement upon receipt. Please contact Patient Financial Services if you are unable to make this payment or need to make extended payment arrangements.

Checks marked "payment-in-full" or with words to that effect should be sent to the following address for verification of correct payment:

Patient Financial Services Administration
200 South Manchester Avenue, Suite 400
Orange, CA 92868-3298

Payment so marked for less than the expected amount will not be accepted and will be returned.

Code	Outside Laboratory Provider Name and Address	Code	Outside Laboratory Provider Name and Address
ARUP	Associated Regional and University Pathologists, Inc. 500 Chipeta Way Salt Lake City, Utah 84108	MML	May Medical Labs 200 First Street SW Rochester, MN 55905
GG	Genzyme Genetics 1054 Town and Country Road Oranage, CA 92868-4714	MRL	Focus Diagnostics Laboratory 10703 Progress Way Cypress, CA 90630
LCOR	LabCorp Laboratory Corporation of America 5601 Oberlin Drive San Diego, CA 92121	NI	Nichols Institute 26441 Via De Anza San Juan Capistrano, CA 92675
DOH	Department of Health Services PO Box 1988 Berkley, CA 94701-3038	EC	Esoterix Coagulation 3176 S. Peroria Ave Aurora, CO 80014
NJM	National Jewish Medical and Research Ctr 1400 Jackson St Denver, CO 80206	WU	Washington University Dept of Neurology Campus Box 811, Room IWJ 404 660 South Euclid Ave St. Louis, MO 63110
VLOG	Monogram Bioscience 345 Oyster Point Boulevard South San Francisco, CA 94080	ONC	Oncotech 15501 Red Hill Ave Tustin, CA 92780

114730



P O BOX 70000
VAN NUYS, CA 91470-0001

CAEAP015 BOWS 13 20140619B00 J1E5
20140603 000666 [7] Env [6,785] 4 of 8

02033

EXPLANATION OF BENEFITS

ISSUE DATE June 2, 2014	PAGE 00001 OF 00003 E078261
----------------------------	-----------------------------------

Exhibit d-6

*****SCH 3-DIGIT 926
6785 2 AT 0.406
ALECIA A. KREMIDAS
2217 FLORIDA ST. APT. #3
HUNTINGTON BH CA 92648

Subscriber's Name: ALECIA A. KREMIDAS
Identification Number: 926A76556
Group Number: 277316M003
Group Name: ARYZTA LLC CORPORATE
Product: Prudent Buyer - EPO

Patient's Name: ADAM REED Claim Number: 14127C06767 Claim Processed Date: 06/02/14	Sequence Number: 1912075698 201400131 Provider of Services: CENTER FOR DISCOVERY Place of Service: Inpatient Patient Acct. Number: 002-W3M-80
Paid Amount: \$0.00	It is not your responsibility to pay: \$13,575.00

Thank you for using a Network Participating Provider.

SERVICE DATE(s)	TYPE OF SERVICE	TOTAL BILLED	OTHER AMOUNT(S)	PATIENT SAVINGS	APPLIED TO DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
04/16/14 04/30/14	MEDICAL SERVICES	13,575.00		13,575.00/01			0.00
TOTAL THIS CLAIM		13,575.00	0.00	13,575.00	0.00	0.00	0.00*

Patient's Name: ADAM REED Claim Number: 14128129229 Claim Processed Date: 06/02/14	Sequence Number: 1912075698 201400154 Provider of Services: THE CENTER FOR DISCOVERY Place of Service: Inpatient Patient Acct. Number: W3M80
Paid Amount: \$9,455.00	To: THE CENTER FOR DISCOVERY
It is your responsibility to pay: (\$500.00) It is not your responsibility to pay: \$3,620.00	

Thank you for using a Network Participating Provider.

SERVICE DATE(s)	TYPE OF SERVICE	TOTAL BILLED	OTHER AMOUNT(S)	PATIENT SAVINGS	APPLIED TO DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
04/16/14 04/30/14	MEDICAL SERVICES	13,575.00		3,620.00/01		500.00/02	9,455.00
TOTAL THIS CLAIM		13,575.00	0.00	3,620.00	0.00	500.00	9,455.00*

Administered on behalf of Anthem Blue Cross Life and Health Insurance Company

THIS IS NOT A BILL

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Exhibit d-6

PET0039

EXPLANATION OF BENEFITS

ISSUE DATE June 2, 2014	PAGE E078261 00002 OF 00003
----------------------------	--------------------------------

Subscriber's Name: ALECIA A. KREMIDAS
Identification Number: 926A76556
Group Number: 277316M003
Group Name: ARYZTA LLC CORPORATE
Product: Prudent Buyer - EPO

DETAIL MESSAGE:

- 01 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.
- 02 - An Inpatient Admission copayment was applied because an authorization was not obtained through the member's Utilization Review Program.
- * You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

HAVE QUESTIONS??

Check out Our Website at WWW.ANTHEM.COM/CA
Order I.D. Cards / Check claims status / Review benefits /
Verify family members covered on your policy / Find a participating provider
OR call our CUSTOMER SERVICE DEPARTMENT AT: 1-800-227-3670

MAIL ALL INQUIRIES ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE CO
OR CLAIMS TO : P.O. BOX 60007
LOS ANGELES, CA 90060-0007

English: If you need assistance in Spanish to understand this document, you may request it for free by calling customer service at the number on your identification card or in your enrollment booklet.

Spanish: Si usted necesita ayuda en español para entender este documento, puede solicitarla gratis llamando al numero de servicio al cliente que aparece en su tarjeta de identificación o en su folleto de inscripción.

WE SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR INCOME TAX RECORDS.

THIS IS NOT A BILL

2-b tidinx3
W2EB00106

PET0040

Exhibit d.-7

College Health IPA
5665 Plaza Dr., Suite 400
Cypress, CA 90630
800-779-3825 fax 562-402-2666

04-08-14

To the Parents of: Emily Reed
2217 Florida St. Apt 3
Huntington Beach, CA 92648

Requesting Facility: Center for Discovery-Long Beach
Requested Service: Residential Treatment Psychiatric
Authorization Start Date: 04/07/14
Authorization End Date:
Attending MD: Jeffrey Litzinger, MD.

Member Name: Emily Reed
CHIPA ID# 473345

Health Plan Name: Anthem Blue Cross

Dear Facility Administrator/Member:

College Health IPA (CHIPA) provides utilization management services for the above Anthem Blue Cross (Anthem) member. Under delegation from Anthem we are responsible for determining whether particular service or course of treatment may be authorized for payment under the plan. We have received a request for authorization of the hospital admission or alternate care indicated above.

This letter notes receipt of the request for authorization and will outline some important points to remember in working with us. THIS LETTER IS NOT A GUARANTEE OF BENEFITS. THE PATIENT MAY BE FINANCIALLY RESPONSIBLE FOR ANY SERVICES NOT AUTHORIZED BY US AND/OR NOT COVERED UNDER THIS HEALTH PLAN. Authorization of medical necessity does not guarantee payment. Release of reimbursement is dependent upon eligibility, availability of benefits, and any applicable deductibles, co-payments, or other limitations.

We review each admission for the medical necessity of the level of care requested and for the quality and appropriateness of the care rendered. This information is normally provided to our Care Manager by telephone, but occasionally part or all of the medical record must be submitted to substantiate the request for authorization.

All services must be authorized to qualify for the highest available benefit levels within the plan design. In addition, requests for psychological testing, electroconvulsive therapy (ECT), and multiple professional visits per day require specific pre-authorization.

This letter constitutes authorization for dates of service indicated above. DATES OF SERVICE PRIOR TO

Exhibit d.-7

7-6 tidings

7-6 tidings

BH UTILIZATION MANAGEMENT DEPT
P.O. BOX 600188
SAN DIEGO, CA 92160

Anthem UM Services, Inc.

2 of 3 04479

EMILY REED
2217 FLORIDA ST APT #3
HUNTINGTON BH CA 92648

Reference No: 0232635174
Provider: ATUR TURAKHIA
Facility/Vendor: UC IRVINE MEDICAL
CENTER
Client: ANTHEM BLUE CROSS LIFE
AND HEALTH
Patient: EMILY REED
Subscriber: ALECIA KREMIDAS
Admit Date: 18-Mar-2014
Date Created: 09-Apr-2014

Inpatient Stay	Start Date	End Date	Days	Level of Care
Initial approval	18-Mar-2014	07-Apr-2014	20	Acute

Review Outcome: Certification
Place of Service: Inpatient Hospital

Anthem UM Services, Inc. provides utilization management services for Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company.

Your hospital stay is certified as medically necessary for the number of days shown above. We have informed your provider of your hospital certification. *The provider you have chosen may be non-contracted or non-participating. Health services provided by a non-contracted or non-participating provider could cost you significantly more in out-of-pocket expenses than the same health services provided by an in-network or contracted provider. If you need additional information, please call the customer service number on the back of your member card.*

This certification is part of our utilization management program to evaluate the medical need for hospital services. Our goal is to enable you to receive the medically necessary treatment in the medically appropriate setting.

Several very important factors may affect this certification:

- If your diagnosis changes, or if a different or additional procedure is planned, your provider must contact our utilization management program again for certification. Also, if the date or location of the intended service or your choice of provider changes, your hospital stay must be recertified.
- If you do not enter the hospital within 90 days from the date of this approval, your provider must contact us again for certification.
- If you require additional days of hospitalization, your provider or the hospital review department should contact our utilization management program immediately to determine the medical necessity of an extended stay.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Anthem UM Services, Inc. is a separate company providing utilization review services on behalf of Anthem Blue Cross.

8-b tid/nx3

THIS CERTIFICATION IS BASED ON THE INFORMATION PROVIDED, AND IS A CERTIFICATION OF MEDICAL NECESSITY ONLY AND IS NOT A GUARANTEE THAT BENEFITS WILL BE PAID. Payments are based upon the terms of your coverage. This certification shall not be construed to expand or alter the benefits available under your benefit plan. This certification does not apply to any services where the cost of services exceeds the plan contract or policy lifetime maximums. Services that exceed the plan contract or policy maximums are non-covered services and may become your responsibility. This certification does not apply to any services where the information submitted with your claim differs from the information provided with your request for authorization of services.

If you have any questions about the terms of your coverage, please take some time now to review your contract or policy. You may also contact your Customer Service Representative at the toll-free number on your membership identification card for detailed information concerning your plan benefit maximums. In addition, your provider should check the Anthem Blue Cross Provider Access Website at www.anthem.com/ca for detailed information concerning your plan benefit maximums.

If you have any questions about this letter, please call (800) 274-7767.

Sincerely,
Care Manager
Medical Care Management

cc: UC IRVINE MEDICAL CENTER
EMILY REED
ATUR TURAKHIA

better address her continued depression and anxiety. Please review the chart below for her current medication.

Type	Status PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	melatonin		3mg	daily at bedtime
		4/7/2014: Medication Added			
	Active PS	CLONAZEPAM		0.5mg (tablet)	twice daily
		4/28/2014: New Dose			
	Active	LORAZEPAM		0.5mg (tablet)	every 6 hrs - as needed
		4/28/2014: New Dose			
	Active PS	PROZAC		30mg (capsule)	daily
		4/28/2014: New Dose			
	Active PS	NEURONTIN		300mg (capsule)	three times daily
		Notes: morning and noon			
		5/6/2014: New Dose			
	Discontinued PS	CLONAZEPAM		1.5mg (tablet)	twice daily
		4/28/2014: Status Changed: Discontinued			
		4/7/2014: Medication Added			
	Discontinued	LORAZEPAM		1mg (tablet)	every 6 hrs - as needed
		4/28/2014: Status Changed: Discontinued			
		4/7/2014: Medication Added			
	Discontinued PS	PROZAC		40mg (capsule)	daily
		4/28/2014: Status Changed: Discontinued			
		4/8/2014: Medication Added			
	Discontinued	PRAZOSIN HYDROCHLORIDE		2mg (capsule)	daily at bedtime
		4/28/2014: Status Changed: Discontinued			
		4/8/2014: Medication Added			
	Discontinued PS	NEURONTIN		100mg (capsule)	twice daily
		Notes: morning and noon			
		5/1/2014: Status Changed: Discontinued			
		4/28/2014: Medication Added			
	Discontinued PS	NEURONTIN		300mg (capsule)	daily at bedtime
		5/6/2014: Status Changed: Discontinued			
		4/28/2014: Medication Added			
	Discontinued PS	NEURONTIN		200mg (capsule)	twice daily morning and noon
		Notes: morning and noon			
		5/6/2014: Status Changed: Discontinued			
		5/1/2014: New Dose			

Exhibit 9-1

—
—

Exhibit 9-1

Exhibit (f-1)
1 of 2

The Relationship Warehouse

Receipt



Contributor:
alecia kremidas
2217 Florida st Apt #3
Huntington Beach, CA 92648
United States

Donations Coordinator:
The Relationship Warehouse

This Payment will appear on your credit card statement as "PayPal *RELATIONSHI"

Confirmation Number: 0

Placed on Jul 23, 2014

Purpose

**Donation
amount**

The Relationship Warehouse

\$250.00 USD

Total Amount: \$250.00 USD

[Print](#) [Close](#)

PayPal protects your privacy and security
For more information, read our [User Agreement](#) and [Privacy Policy](#).

Exhibit f.-1

1-9

1-9-101x3



Exhibit (f.) 2 of 2

adam reed <aleciakremidas2@gmail.com>

You sent an automatic payment of \$250.00 USD

1 message

service@paypal.com <service@paypal.com>
To: alecia kremidas <aleciakremidas2@gmail.com>

Sat, Aug 23, 2014 at 5:55 AM

You sent an automatic payment

Transaction ID: 4UF60451RF388513K
<https://www.paypal.com/us/vst/id=4UF60451RF388513K>

Hello alecia kremidas,

You sent an automatic payment to The Relationship Warehouse. Here are the details:

Amount: \$250.00 USD
To: The Relationship Warehouse
For: The Relationship Warehouse
Customer service URL: <http://www.TheRelationshipWarehouse.com>

Automatic payment details

Automatic payment number: I-XU8XLF1DD5JJ
Amount to be paid each time: \$250.00 USD
Billing cycle: Monthly
Payments start: Jul 23, 2014
Pay with money from: Visa Credit Card XXXX-XXXX-XXXX-6992

Next payment detail

Next payment due: Sep 23, 2014

Emily 2x week / Adam 1x week
\$250.00 monthly
12 therapy sessions a month

To change or cancel your agreement with The Relationship Warehouse, log in to your PayPal account, go to your Profile, and click My money. Update your agreement in the "My preapproved payments" section.

Help Center:
https://www.paypal.com/us/cgi-bin/helpweb?cmd=_help
Resolution Center:
https://www.paypal.com/us/cgi-bin/?cmd=_complaint-view
Security Center:
<https://www.paypal.com/us/security>

Exhibit f-2

26-7-10-13

6-7-10-13

Exhibit (9.)

1 transportation is by car parties shall meet at Barstow, California for exchange with the
2 exception of the summer visit.

3 **IT IS FURTHER ORDERED, ADJUDGED, AND DECREED THAT** Dad will have
4 visitation from Friday after school until Sunday at 6 PM. during school year on two
5 weekends per month.
6

7 **IT IS FURTHER ORDERED, ADJUDGED, AND DECREED THAT** Dad will have
8 access to all of the children's school records and Mom must keep Dad informed of all the
9 children's medical needs.

10 **IT IS FURTHER ORDERED, ADJUDGED, AND DECREED THAT** the parents
11 will attend mediation to formulate a visitation and holiday schedule in conformity with
12 the above orders. The visitation agreement must include up to three day visits by Dad if
13 Dad is in the same city and State. Dad must provide ten days notice of said visit and the
14 visit cannot interfere with children's education. Mom and children can relocate before
15 mediation and Mom can attend the mediation by telephone.
16

17 **IT IS FURTHER ORDERED, ADJUDGED, AND DECREED THAT** Dad's child
18 support should be \$775 per month. Dad is granted a downwards departure of \$50 per
19 month due to increased transportation expenses resulting from Mom's relocation. Dad's
20 child support will be set at \$725 per month effective August 1, 2011.
21

22 **IT IS FURTHER ORDERED, ADJUDGED, AND DECREED THAT** Mom is
23 awarded attorney's fees of \$5,000.

24 **IT IS SO ORDERED** this  day of August, 2011.

25
26 
27 Honorable VINCENT OCHOA
28 District Court Judge, Department S

Exhibit 9.

Exhibit 3

Exhibit-h.

Law Offices of Israel "Ishi" Kunin, P.C.
dba KUNIN & CARMAN
3551 East Bonanza Road, Suite 110
Las Vegas, Nevada 89110

November 30, 2014

ALECIA A. KREMIDAS
2217 FLORIDA STREET, #3
HUNTINGTON BEACH, CA 92648

KREMA#1
Inv # 53134

RE: vs. JEFFREY ALLEN REED

Statement of Account for Services Rendered Through November 30, 2014

Previous Balance Due	<u>\$ 6,697.21</u>
TOTAL NEW CHARGES	<u>\$ 0.00</u>
PAYMENTS AND CREDITS	
11/20/14 Payment Received - Thank You	<u>-350.00</u>
Total Payments and Credits	<u>\$ -350.00</u>
Balance Now Due	<u><u>\$ 6,347.21</u></u>

Exhibit-h.

PET0053

Exhibit N

Exhibit N

Exhibit N

Exhibit (i-1)
1 of 3

Your Confirmation

Congratulations! Your trip booking has been completed. You will receive a confirmation email at alecia@oneblestcookie.com
Please note – If you have purchased transfers or activities a separate email will be sent providing you with more information.
 Please save and print this page. It contains important information regarding your online booking.
 At anytime you may access your booking online to make changes - use the Manage Travel tab on spirit.com.
 Within 24 hours of your departure, you can use the Check-in tab to check-in for your flight and/or print your boarding pass.
 We suggest you arrive at the airport 3 hours before your scheduled departure to make your travel experience a pleasant one.

Fly Again Sooner with the Free Spirit World® MasterCard credit card

- PLUS 15,000 bonus miles after first qualifying purchase – enough for up to 3 roundtrip off-peak awards with taxes and fees as low as \$5 per award
- Get 2 miles for every \$1 you spend
- Get immediate account access and continue to plan for your vacation

Exclusive Offer This promotion is limited to new customers opening an account in response to this offer



GET A GREAT CAR DEAL

CLICK HERE

Hertz

A SIMPLE WAY TO SAVE.

Click Here

The road to savings starts here.

Click Here

Thrifty Car Rental

YOUR CONFIRMATION CODE

07U36Z

BOOKING DATE Tuesday, April 8, 2014

Your Itinerary

Flight

Los Angeles (LAX)	Thursday	Departing:	6:25 AM
Las Vegas (LAS)	April 10, 2014	Arriving:	7:32 AM
Flight: 562	Miles: 236	Duration:	1 h 7 min
Las Vegas (LAS)	Thursday	Departing:	1:41 PM
Los Angeles (LAX)	April 10, 2014	Arriving:	2:50 PM
Flight: 561	Miles: 236	Duration:	1 h 9 min

C 4/8/14 Paged AM EX

Customer Information

Name	FREE Spirit Number	Assistance
MRS. ALECIA DRAPER	237659321	None
MS. EMILY REED	-	None

Exhibit-i-1

24

1-1-4idinx3

2 of 3

Exhibit
(i-2)

Bags

Name	Carry-On	Checked
MRS. ALECIA DRAPER	0 0	0 0
MS. EMILY REED	0 0	0 0

Seats

Name	Seats
MRS. ALECIA DRAPER	- -
MS. EMILY REED	- -

Contact Information

ALECIA DRAPER
2217 Florida St Apt #3
Huntington Beach, CA 92648
United States of America

alecia@oneblestcookie.com

714 916-1524

Travel Insurance

POLICY NUMBER:
916251143

PRIMARY INSURED NAME:
ALECIA DRAPER

NOTE: View your policy online . For additional questions about your policy please contact Travel Guard directly at 866-877-3191.

\$9 Fare Club

You have been successfully enrolled in the \$9 Fare Club. You will receive a confirmation of your new membership and benefits shortly.

\$9 FARE CLUB SAVINGS

\$110⁰⁰

Purchase Price

FLIGHT	More Information ►	\$270⁷⁶
TRAVEL INSURANCE		\$28⁰⁰
\$9 FARE CLUB MEMBERSHIP	More Information ►	\$59⁹⁵

Exhibit-i-2

6-1-10

6-1-10

3 of 3 Exhibit
(i.-3)

Membership in the Spirit Airlines, Inc. ("Spirit") \$9 Fare Club (the "Club") is conditioned on acceptance by you ("Member") of the terms and conditions contained herein (the "Agreement"). By enrolling in the Club or using or continuing to use the benefits of the Club, the Member is deemed to have agreed to all such terms and conditions of the Agreement.

Section 1. Eligibility and Enrollment.

- 1.1. Members may enroll in the Club through the manual enrollment page indicating their desire to join the Club or by enrolling in the Club while purchasing a ticket through the spirit.com website (the "Site"). All Club Members must be enrolled in the FREE SPIRIT frequent flier program. If a Member is not enrolled in the FREE SPIRIT frequent flier program when enrolling in the Club, the Member will automatically be enrolled in the FREE SPIRIT frequent flier program.
- 1.2. Members shall provide and maintain accurate and true personal information when applying for Club membership or using any Club benefits. Failure to do so may invalidate Membership in the Club and any subsequent fare purchase at Spirit's sole discretion. It is each Member's responsibility to update personal information via the Site within the Member's FREE SPIRIT Account Profile through the [Free Spirit Profile](#) page.
- 1.3. A Member may cancel his or her membership in the Club at any time by selecting the unsubscribe option within their FREE SPIRIT account profile or by notifying Spirit in writing at the address at the bottom of this page. Cancellations by mail will take approximately 4 to 6 weeks to become effective.
- 1.4. Membership in the Club is non-transferable. Only Members may use the benefits of membership in the Club. Members must promptly notify Spirit upon becoming aware of any unauthorized use of Club membership.
- 1.5. Dual memberships occur when members hold both Paid and Complimentary memberships. Paid memberships will continue and renew based on original membership terms, unless otherwise cancelled. No refunds, credits, or extensions will be granted for Dual memberships.

GOVERNMENT'S CUT

More Information ►	\$59 ²⁰
Security Fee	\$10.00
Passenger Facility Fee	\$18.00
Segment Fee	\$16.00
Federal Excise Tax	\$15.20

Total

\$417⁹¹

Thank you for choosing Spirit. We look forward to serving you on your upcoming trip!

For modifications to flight only itineraries, please call 1.801.401.2222
For modifications to vacation package itineraries please call 1.954.698.0125.

Exhibit-i.-3

8.

8-1-1010x3

Exhibit (j.)

CALLISTER + ASSOCIATES
823 LAS VEGAS BOULEVARD SOUTH-5TH FLOOR
LAS VEGAS, NV 89101
702-385-3343

DATE: 3-27-2014
PAYMENT AMOUNT: \$5000
PAYMENT METHOD: CC
CREDIT/DEBIT LAST 4 DIGITS: 1034
CHECK/M.O. NUMBER:
CLIENT NAME: ALECIA DRAPER
CLIENT MATTER: IMMERMANN
RECEIPTED BY: JORDAN
PAYEE: CALLISTER + ASSOCIATES
E-MAIL: ALECIKRE MIDAS2@GMAIL.CO
PHONE NUMBER:

CALLISTER ASSOCIATES
823 LAS VEGAS BLVD S
LAS VEGAS, NV 89101

03/27/2014
Merchant ID:
Terminal ID:
5270872294

10:03:46
000000001451043
02172061

CREDIT CARD
AMEX SALE

CARD #
INVOICE
Batch #:
Approval Code:
Entry Method:
Mode:

XXXXXXXXXXXX1034
0001
000893
125989
Manual
Online

SALE AMOUNT

\$5000.00

CUSTOMER COPY

Exhibit - j.

i-tidinx3

Exhibit (K-1)

90-7162 40965 850
3222

JEFFREY A. REED
10809 GARDEN MIST DR., # 2103
LAS VEGAS, NV 89135

Pay to the order of Alecio \$ 344.00

THREE HUNDRED FOURTY-FOUR DOLLARS ^{no/} 100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.chase.com

90-7162 40965 850
3222

11/17

3222 31712144430850

MP

Medical - Jeff payed 300.00 check # 850
+ 44.00 - UC Irvine
Adam 50%
out of pocket

Exhibit
K-1

11/17

2.1

tidine
1-2

P.O. Box 1188
Norwalk Ca 90651-1188
RETURN SERVICE REQUESTED

UC Irvine Medical Center
P.O. Box 31001-1367
Pasadena, CA 91110-1367
Phone: (800) 611-2253

October 21, 2014

ACCOUNT IDENTIFICATION

Patient : Adam Reed
Account no. : 2034515581
Service Date : 03-04-14
Balance : \$89.63

PERSONAL & CONFIDENTIAL

Adam Reed 494581-1
2217 Florida St Apt 3
Huntington Beach, CA 92648-2983



Exhibit (K-2)

Dear Adam Reed:

Please help us in our dilemma. We know that no one likes receiving these reminders, but we believe it is the best way to help keep our accounts current.

Fortunately, that above listed unpaid account is probably nothing more than oversight on your part. Unfortunately, we do need to resolve this account soon. Please attach the above portion of this letter to your payment to be sure that your account is properly credited. If you would like to use a credit card, please fill out the bottom portion with your card information and signature and accept our thanks for resolving our dilemma.

If you will not be making a payment today, please call our office at (800) 611-2253 between the hours of 8:00 am and 4:30 pm. I want to help but time is running out. Thank you for your understanding and your prompt attention to this matter.

Yours truly,

Carol Anne
Account Representative

----- Detach and Return with Payment-----
Enter the requested information in the spaces provided below:

Patient : Adam Reed
Account no. : 2034515581
Service Date : 03-04-14
Balance : \$89.63

You are hereby authorized to charge my credit card account.

Check one:

☐ Visa



☐ MasterCard



☐ Amex

Card Number: _____

Expiration Date: ____/____/____ Payment Amount: _____

Signature: _____

Cardholder: _____

UC Irvine Medical Center
P.O. Box 31001-1367
Pasadena, CA 91110-1367



Exhibit
K-2

002034515581001000000000896300000000009

1

10-11-12

491

DATE NOV 1 1964

\$189.63

Eighty Nine dollars and 63/100



All of serving you®

MEMO

Allen K. Keady

1:1212016941: 153753904983110491

20141113

911367

20141113
>031000053<
PNC Bank
DEP. TO CR. PAYEE
ABS. OF END. GTD.
>031000053<

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

[illegible]

Exhibit
K-3

8 -

fidin
8.3.3

WARLAND CLARKE 20097 (1/13) 40064798



DATE Sept 16 2014

DEPOSIT TO THE ACCOUNT OF

SIGN ABOVE FOR CASH RECEIVED

ACCOUNT NUMBER

00011 07219 0004 09/16/2014 12:53:00
DEPOSIT H

0560 2100390

\$400.00

[illegible]

medical - Jeff payed check \$ 400.00 9/16
#843

Exhibit-K-4

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

P-A-Train-3

Exhibit (K.)-5

usbank COUNTER DEPOSIT

All of ☒ serving your

DATE 10-22-14

DEPOSIT TO THE ACCOUNT OF Alicia Krenidas

DEPOSIT TO THE ACCOUNT OF Alicia Krenidas

ACCOUNT NUMBER [REDACTED]

CASH ☒ CHECK ☒

CHECK # 848

CHECK OR TOTAL FROM OTHER SIDE 300.00

SUB TOTAL 10.00

LESS CASH RECEIVED 290.00

DEPOSIT \$ 290.00

00015 07219 0004 10/22/2014 02:22 USB

DEPOSIT H [REDACTED]

5602100391 \$290.00

CENTS

123000220410222014

E 6280 ID 000 PKT 00

7473767904

Medical - Jeff Paged check \$300.00 10/15
#848

Exhibit-K-5

2-

11-11-11

0-2-11-11-11

Copy of medical cards

Exhibit K.-6

You have selected the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

TALBERT MEDICAL GROUP -
FOUNTAIN VALLEY

(714) 964-6229

LORI A DEBOLD

9930 Talbert Ave.

FOUNTAIN VALLEY CA 92708 5153

(714) 964-6229

Effective Date with PPG 07-01-14

PPG# 2917

MinuteClinic Copay \$0

Office Copay \$50

E/R Copay \$300

Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180
Rx BIN#004336 Rx PCN 'HNET' Rx Caremark



Health Net

SMARTCARE NETWORK HMO

Group Name
LE GRAND MARKETING (HMO VALUE 5)

Issue Date 12-01-2014

Subscriber Name
GEOFFREY M DRAPER

Member # MD4

Member Name
ADAM P REED

Group # GB591A

Subscriber # R00225711

Rerate Month DEC

Plan BA4 WITH PHARMACY

Health Net Member Inquiries call:

1-800-522-0088

Health Net Providers call:

1-800-641-7761

To report Inpatient Admissions call:

1-800-995-7890

To remove card, fold back and forth along perforations.

This card reflects a recent benefit change.

050700

GB591A

ADAM P. REED

2217 FLORIDA ST

APT 3

HUNTINGTN BCH, CA 92648-2983

This is your Health Net ID Card. Please check all of the information. If there are any errors, please contact Health Net Member Services at the above Member Inquiries telephone number. Please destroy old ID cards.

Health Net Use Only
Run Date 11/02/2014
24957 - 0

G5
ENG-HMO-SMARTCARE-SBG
2JRU

CAM CHIR ACUP
XIR

ORANGE
DB
BA4

You have selected the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

TALBERT MEDICAL GROUP -
FOUNTAIN VALLEY

(714) 964-6229

LORI A DEBOLD

9930 Talbert Ave.

FOUNTAIN VALLEY CA 92708 5153

(714) 964-6229

Effective Date with PPG 07-01-14

PPG# 2917

MinuteClinic Copay \$0

Office Copay \$50

E/R Copay \$300

Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180
Rx BIN#004336 Rx PCN 'HNET' Rx Caremark



Health Net

SMARTCARE NETWORK HMO

Group Name
LE GRAND MARKETING (HMO VALUE 5)

Issue Date 12-01-2014

Subscriber Name
GEOFFREY M DRAPER

Member # FD3

Member Name
EMILY C REED

Group # GB591A

Subscriber # R00225711

Rerate Month DEC

Plan BA4 WITH PHARMACY

Health Net Member Inquiries call:

1-800-522-0088

Health Net Providers call:

1-800-641-7761

To report Inpatient Admissions call:

1-800-995-7890

To remove card, fold back and forth along perforations.

This card reflects a recent benefit change.

050700

GB591A

EMILY C. REED

2217 FLORIDA ST

APT 3

HUNTINGTN BCH, CA 92648-2983

This is your Health Net ID Card. Please check all of the information. If there are any errors, please contact Health Net Member Services at the above Member Inquiries telephone number. Please destroy old ID cards.

Health Net Use Only
Run Date 11/02/2014
24959 - 0

G5
ENG-HMO-SMARTCARE-SBG
2JRU

CAM CHIR ACUP
XIR

ORANGE
DB
BA4



0056 003
C

Exhibit-K. 6

PET0073

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Q. A. H. H. H. H. H.

Copy of Medical cards

Exhibit K.-7

You have selected the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

TALBERT MEDICAL GROUP -
FOUNTAIN VALLEY

(714) 964-6229

LORI A DEBOLD

9930 Talbert Ave.

FOUNTAIN VALLEY CA 92708 5153

(714) 964-6229

Effective Date with PPG 07-01-14

PPG# 2917

MinuteClinic Copay \$0

Office Copay \$50

E/R Copay \$300

Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180
Rx BIN#004336 Rx PCN 'HNET' Rx Caremark



Health Net

SMARTCARE NETWORK HMO

Group Name

LE GRAND MARKETING (HMO VALUE 5

Issue Date 12-01-2014

Subscriber Name

GEOFFREY M DRAPER

Member # MD3

Member Name

ANTHONY J REED

Group # GB591A

Subscriber # R00225711

Rerate Month DEC

Plan BA4 WITH PHARMACY

Health Net Member Inquiries call:

1-800-522-0088

Health Net Providers call:

1-800-641-7761

To report Inpatient Admissions call:

1-800-995-7890

To remove card, fold back and forth along perforations.

This card reflects a recent benefit change.

050700

GB591A

ANTHONY J. REED

2217 FLORIDA ST

APT 3

HUNTINGTN BCH, CA 92648-2983

This is your Health Net ID Card. Please check all of the information. If there are any errors, please contact Health Net Member Services at the above Member inquiries telephone number. Please destroy old ID cards.

Health Net Use Only

Run Date 11/02/2014

24958 - 0

G5

ENG-HMO-SMARTCARE-SBG

2JRU

CAM CHIR ACUP

XIR

ORANGE

DB

BA4



0056 002

C

Exhibit K.-7

7-11-1967

7-11-1967

7-11-1967

7-11-1967

7-11-1967

Exhibit 1.-1



Alecia Kremidas <aleciakremidas2@gmail.com>

FW: ALLEN RICHARD GORRY, BY SERVING BENJAMIN NADIG, ATTORNEY OF RECORD - Personal Service[426699]

2 messages

hbarrow@call-law.com <hbarrow@call-law.com>
To: aleciakremidas2@gmail.com

Fri, May 23, 2014 at 1:24 PM

LAS VEGAS PROOF OF SERVICE ON ATTORNEY OF RECORD

-----Original Message-----

From: ekielty@legalwings.com [mailto:ekielty@legalwings.com]

Sent: None

To: HDAVILA@CALL-LAW.COM

Subject: ALLEN RICHARD GORRY, BY SERVING BENJAMIN NADIG, ATTORNEY OF RECORD
- Personal Service[426699]

Information Provided By: LEGAL WINGS, INC.

This E-Mail Is To Provide Information Only. Do NOT Use For An Invoice or Proof

Personal Service, on: ALLEN RICHARD GORRY, BY SERVING BENJAMIN NADIG,
ATTORNEY OF RECORD on: 05/22/14 @ 3:11pm

INVOICE #: 426699, Current Charges \$443.00 Case #: 00717479

Court:

Title: DRAPER Vs. GORRY

TEMPORARY RESTRAINING ORDER, NOTICE OF COURT HEARINF, Sex: Male, Hair: Brown, Eyes: Brn, Height: 6' 2", Weight: 280, AT Business 324 S 3RD ST.#200 Las Vegas NV 89101, by serving: BENJAMIN NADIG, Served By: MARIE A SCHEIB, Registration #R-002901 Clark County

Attempt #1, Date: 05/02/14, Time: 6:59pm, Location: Home

Results: AFFIANT RECEIVED NO ANSWER, HEARD NO NOISES FROM INSIDE THE HOUSE AND OBSERVED NO LIGHTS ON INSIDE THE RESIDENCE. AFFIANT SPOKE TO NEIGHBOR, WHO STATED PERSON WHO LIVES IN 9751 OCOTILLO FALLS AVE., WORKS DAYS BUT DOES NOT KNOW THEIR NAME. Attempt made by: Donald Edward Bradbury, Registration #R-065600 Clark County. Attempt at: 9751 OCOTILLO FALLS AVE. LAS VEGAS, NV 89148.

Attempt #2, Date: 05/03/14, Time: 10:55am, Location: Home

Results: AFFIANT RECEIVED NO ANSWER, HEARD NO NOISES FROM INSIDE THE HOUSE AND OBSERVED FURNITURE IN THE RESIDENCE. AFFIANT COULD SEE BOXES IN THE GARAGE AND NO VEHICLES PARKED IN THE DRIVEWAY. Attempt made by: Donald Edward Bradbury. Attempt at: 9751 OCOTILLO FALLS AVE. LAS VEGAS, NV 89148.

Attempt #3, Date: 05/04/14, Time: 2:57pm, Location: Home

Results: AFFIANT RECEIVED NO ANSWER, HEARD NO NOISES FROM INSIDE THE HOUSE AND OBSERVED NO VEHICLES PARKED IN THE DRIVEWAY. Attempt made by: Donald Edward Bradbury. Attempt at: 9751 OCOTILLO FALLS AVE. LAS VEGAS, NV 89148.

Attempt #4, Date: 05/07/14, Time: 3:38pm, Location: Home

Exhibit 1.-1

1-1 tidinx3

1-m tidinx3

Exhibit 1.2

Results: SPOKE WITH HEATHER @ CALLISTER & ASSOC., T: (702) 385-3343. SHE IS CHECKING TO SEE IF IT IS OK FOR US TO CONTINUE ATTEMPTING SERVICE AT THE ADDRESS WE HAVE. SHE SAID HE DOES NOT WORK AND DOES NOT HAVE CAR SO HE IS JUST AVOIDING SERVICE. SHE WILL CALL BACK. (TSC). Attempt made by: Tamara • ShawnTa Conway, Registration #R-072982 Clark County. Attempt at: 1004 HOLLYHOCK DR HENDERSON, NV 89011.

Attempt #5, Date: 05/19/14, Time: 7:23pm, Location: Home
Results: No answer, No visible movement, 1 vehicle in driveway (far left)
Grey Honda NV Plate 148UVV. Attempt made by: THEODORE M TUBE. Attempt at: 1004 HOLLYHOCK DR HENDERSON, NV 89011.

Attempt #6, Date: 05/20/14, Time: 6:33pm, Location: Business
Results: No answer, No visible movement, NO VEHICLE. Attempt made by: THEODORE M TUBE. Attempt at: 324 S 3RD ST Las Vegas, NV 89101.

Diligence Report Signed By: THEODORE M TUBE, Registration #R-032462 Clark County

[16.59]((426699.439113)(b6)user 6

Alecia Kremidas <aleciakremidas2@gmail.com>

Wed, May 28, 2014 at 2:13 PM

To: Liza Salavessa <L7073S@lvmpd.com>, Jeff Reed <lvjeffreed@yahoo.com>

Proof of service for Allen Gorry and a list of all the attempts. \$443.00.... to finally get him served.

Alecia

[Quoted text hidden]

Exhibit 1.2

Exhibit-12

Exhibit-13

CH-120

Response to Request for Civil Harassment Restraining Orders

Use this form to respond to the Request (Form CH-100)

- Read *How Can I Respond to a Request for Civil Harassment Restraining Orders?* (Form CH-120-INFO), to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older—not you—serve the person in ① or his or her lawyer by mail with a copy of this form and any attached pages. (Use Form CH-250, Proof of Service of Response by Mail.)

① Person Seeking Protection

Name of person seeking protection (see Form CH-100, Item ①):

ALECIA ANN DRAPER

② Person From Whom Protection Is Sought

a. Your Name: ALAN BORAY

Your Lawyer (if you have one for this case):

Name: BEN NADIG State Bar No.: 241357Firm Name: LAW OFFICE OF BENJAMIN NADIG, CMC

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: 324 S 3RD ST., SUITE 200City: LAS VEGAS State: NV Zip: 89101Telephone: (702) 545-7592 Fax: (702) 382-6903E-Mail Address: ben@lasvegasdefenselawfirm.com③ ☒ Personal Conduct Orders

- a. ☐ I agree to the orders requested.
- b. ☒ I do not agree to the orders requested.
- c. ☒ I agree to the following orders (specify):

I DO NOT AGREE TO BE PLACED UNDER AN ORDER OF PROTECTION BUT I DO AGREE TO HAVE ZERO CONTACT WITH ANY OF THE LISTED INDIVIDUALS. THEY HAVE THREATENED ME, I HAVE SCREEN CAPS OF THE TEXTS, SO I WILL BE CHANGING MY NUMBER.

④ ☒ Stay-Away Orders

- a. ☐ I agree to the orders requested.
- b. ☒ I do not agree to the orders requested.
- c. ☒ I agree to the following orders (specify):

I DO NOT AGREE TO BE PLACED UNDER AN ORDER OF PROTECTION BUT I DO AGREE TO STAY AWAY FROM ALL LISTED PARTIES PLUS THE CHILDREN'S BIOLOGICAL FATHER, JEFFREY REED.

⑤ ☒ Additional Protected Persons

- a. ☐ I agree that the persons listed in item ③ of Form CH-100 may be protected by the order requested.
- b. ☒ I do not agree that the persons listed in item ③ of Form CH-100 may be protected by the order requested.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

ORANGE, CENTRAL JUSTICE CENTER
700 CIVIC CENTER DRIVE WEST
SANTA ANA, CA 92701

Fill in case number:

Case Number:

00717479

Present your response and any opposition at the hearing. Write your hearing date, time, and place from Form CH-109 item ③ here:

Hearing Date → Date: _____ Time: _____
 Dept.: _____ Room: _____

If you were served with a Temporary Restraining Order, you must obey it until the hearing. At the hearing, the court may make orders against you that last for up to three years.



1-.m tidintx3

1-.m tidintx3

Exhibit
6-m

Exhibit
6-m

Case Number:
00717479

10 ☒ **No Fee for Filing**

- a. ☒ I request that I not be required to pay the filing fee because the person in ① claims in Form CH-100 item ⑬ to be entitled to free filing.
- b. ☐ I request that I not be required to pay the filing fee because I am eligible for a fee waiver. (Form FW-001, Request to Waive Court Fees, must be filed separately.)

11 ☐ **Lawyer's Fees and Costs**

- a. ☐ I ask the court to order payment of my ☐ Lawyer's fees ☐ Court costs
The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Check here if there are more items. Put the items and amounts on the attached sheet of paper or Form MC-025 and write "Attachment 11—Lawyer's Fees and Costs" for a title.
- b. ☐ I ask the court to deny the request of the person asking for protection that I pay his or her lawyer's fees and costs.

12 Number of pages attached to this form, if any: _____

Date: 5/23/14

BEN NADIE
Lawyer's name (if any)

[Signature]
Lawyer's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: 5/23/14

Allen Gorry
Type or print your name

[Signature]
Sign your name

Exhibit W-3

Exhibit W-3

Exhibit W-3

Exhibit n-1

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

July 11, 2014

JEFFREY A. REED
10809 GARDEN MIST DR #2103
LAS VEGAS NV 89135

Dad - lives in Vegas

Emily lives with me
and her 2 brothers @ this
address in CA

2217 Florida St Apt. #1
Huntington Beach, CA

92641

RE: Claim Number: 14-10027066-LV
Victim: Reed, Emily C.
Date Of Crime: March 26, 2014

I have Primary custody

Please be advised that your application for benefits from the VOCP has been approved based on the information you have provided in your application and the law enforcement crime report.

This application was submitted on behalf of a minor who was the victim of a sexual assault. You have confirmed submitting an application to the Clark County Sexual Assault Fund. When benefits from this fund are exhausted, you may submit evidence of the exhaustion of benefits along with your counseling expenses for consideration. If your expenses are covered in part by insurance, submit your Insurance Explanation of Benefits (EOB) forms for consideration.

If you recover any money from insurance, civil lawsuit or otherwise you are required to notify the VOCP, and to repay the money VOCP pays to you or on your claim.

You are required to keep us advised of any address changes. If you do not, your claim may be closed. Your claim will be closed when all the expenses we have approved for payment have been made, or 6 months after the last known payment is made on your claim. You may request reopening within 2 years if you have additional crime related expenses.

Most questions regarding available benefits and benefit limits can be answered by reviewing the information provided on our website at <http://voc.nv.gov>. If you are unable to locate an answer to your specific question, please email us at support@voc-net.com, or contact us at the office number listed below.

Authorized Representative
Victims of Crime Program
PO Box 94525
Las Vegas, NV 89193-1525
702-486-2740

I have attached many
things for your review
Please let me know if you
need more info.

Exhibit
n.-1

Thank you
alecia krenid
(mom) 714 916-152

PET0087

1-2 tidink3

1-2 tidink3



State of Nevada Victims of Crime Program

Application for Victim of Crime Compensation

VOCP Date Stamp and Claim #

If you need help completing this application please go to: www.voc.nv.gov, to find victim assistance programs in your community, or to contact the VOCP office in Reno or Las Vegas for assistance or referral to a community program near you.

Please complete Sections 1 through 12 to the best of your ability. Use a black or blue ballpoint pen. Please Print Neatly.

Section 1: Tell us about the Victim.

The victim is the person who was attacked, injured or killed during the crime.

First Name Emily		Middle Christine	Last Name Reed
Mailing Address 2217 Florida St		Apt. 3	City, State, Zip Huntington Beach Ca
Home Phone		Work Phone	Cell Phone (714) 916-1524
Date of Birth 11-16-96	Age 17	Last 4 Digits SSN	E-Mail
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		If victim is deceased, date of death:	

Section 2: If you are applying for the victim, tell us about you.

An applicant is a person, other than the victim, who is completing the application where the victim is under the age of 18, mentally or physically incapable of completing the application, or deceased.

First Name Jeffrey		Middle Allen	Last Name Reed
Mailing Address (if different from victim) 10809 Garden mist Dr		Apt. 2103	City, State, Zip Las Vegas NV 89135
Home Phone (702) 241-2486		Work Phone	E-Mail LVJeffreed@yahoo.com
Relationship to victim: Father		Last 4 Digits SSN 3590	Date of Birth (applicant must be an adult) 12-23-68

Section 3: Tell us about the Victim's Residency Status.

Nevada law limits VOCP assistance to citizens of the United States, or those lawfully entitled to "reside" (live without legal restrictions) in the United States at the time of the crime. NRS 217.220 (b)

Is the victim a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes skip to Section 4 below:	If not a citizen is the victim/ applicant legally entitled to "reside" in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide copy of "green card", drivers license, Passport, or other documentation.	If not entitled to reside in the U.S. describe victim/applicant status: <input type="checkbox"/> Tourist/ Visitor <input type="checkbox"/> Visiting Worker <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> Other:
--	--	--

Exhibit U-9

Exhibit U-9

Exhibit U-3

Exhibit U-3

Section 5: Tell us about your Crime Related Expenses.

Please help us determine how we can help you. The VOCP has limited resources and we want to make sure the most important needs and financial issues are taken care of. Please **check the crime related expenses you have incurred**, or expect to incur because of the crime. **Attach your bills, receipts, estimates, or other documents which support your request for payment. Expenses must be directly related to the crime and must have valid supporting documents to be paid by the VOCP.**

<input checked="" type="checkbox"/> Hospital Bills <input type="checkbox"/> Ambulance Bills <input type="checkbox"/> Medical/Dental Bills <input checked="" type="checkbox"/> Prescription Medication <input type="checkbox"/> Vision/Glasses <input type="checkbox"/> Chiropractic/Physical Therapy <input checked="" type="checkbox"/> Loss of Earnings/Support <input checked="" type="checkbox"/> Counseling/Mental Health	<input type="checkbox"/> Funeral and Burial expense <input type="checkbox"/> Crime Scene Clean Up (death claims only) <input type="checkbox"/> Child Care Expenses <input type="checkbox"/> Emergency Moving or Relocation Expenses <input type="checkbox"/> Emergency Temporary Housing or Living Expenses <input type="checkbox"/> Home Security Repairs (homeowners only) <input type="checkbox"/> Home Health Care <input type="checkbox"/> Other:
---	---

Section 6: Tell us about any Prior Disabilities or Medical Conditions.

If you suffered from any disabilities, or were receiving medical treatment prior to the crime, please explain below:

NONE.

Section 7: Tell us about any Prior Victim of Crime Claims.

Have you ever filed a Victims of Crime Claim in Nevada, or any other State?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes: State where Claim Filed	Date filed	Type of Crime
Name of Victim, Applicant, or Claimant		Current Status: (Opened or Closed)

Section 8: Please provide Demographic and Statistical Information

This information is gathered for statistical reporting purposes only. This information does NOT affect eligibility in any way.

Annual Income: <i>Victim is a minor</i> <input type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$40,000 to \$60,000 <input type="checkbox"/> \$10,000 to \$20,000 <input type="checkbox"/> \$60,000 to \$80,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$80,000 to \$100,000 <input type="checkbox"/> \$30,000 to \$40,000 <input type="checkbox"/> Over \$100,000	Employment at Time of Crime: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other:	Primary Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other:	Were Alcohol or Drugs a factor in this crime, in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Bi-Racial	Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Education Level: <i>Still in High school</i> <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Attended College <input type="checkbox"/> Attended Graduate School/ University <input type="checkbox"/> Have Advanced Degree	

Expit u-4

Expit u-4

Section 9: How did you find out about the VOCP?

To help us evaluate and improve our services, please let us know how you heard of the VOCP. Please check one or two that apply.

- | | |
|---|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> District Attorney/Prosecutor | <input type="checkbox"/> Victim Service Program (Safe Nest, Stop DUI, etc) |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Medical/Dental Provider | <input type="checkbox"/> Newspaper/Media |
| <input type="checkbox"/> Children's Protective Services | <input type="checkbox"/> Friend/Family |
| <input checked="" type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Other. |

Section 10: Person helping the Applicant Complete this Application.

Please complete the information below if you are only helping the victim complete this application.

First Name	Last Name	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc):
Tele	Email	

Section 11: If an Advocate or Attorney is helping you, tell us about them.

Complete this section if an attorney or victim advocate is assisting the victim. An advocate or attorney is not required in order to apply.

First Name	Last Name	Office Telephone
Office Address	City, State, Zip:	
Victim Advocate Program or Law Firm Name:	Victim Advocate VOCP Account #	
	Email:	

☐ Please provide the above advocate or attorney with copies of correspondence sent to the Applicant.

Signature of Advocate or Attorney: (Required to receive documents)

Date:

Section 12: Tell us about the Victim's Insurance or Civil Suit Information

If you have any type of insurance or legal claim please enter the information in the space provided below. Use extra sheets if needed.

Does the Victim/ Applicant have Life, Medical, Dental, or Vision Insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If the crime involved an auto, does the Victim/ Applicant, or the Offender have Auto Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If the crime happened in Victim's home, or on Victim's property, is there Homeowners Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the crime happened at the Victim/ Applicant's place of work, is there a Workers' Compensation Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Phone Number:	Type and Policy Number:	
Has the victim/applicant filed, or will the victim/applicant file, a Civil Suit related to this crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Has the victim/applicant received or expect to receive any payment or settlement related to the crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

2-n-tidinx3

2-n-tidinx3



State of Nevada
Victims of Crime Program

Authorization for Release of Information, Certification and Acknowledgements:

Victim Name:	Victim DOB:	VOCP #
Emily Christine Reed	11-16-96	

I have filed an application with the Nevada Victims of Crime Compensation Program (VOCP). In order to assist the VOCP determine my eligibility I hereby consent to, and authorize the release of information to the VOCP. I hereby release and hold harmless anyone providing information to the VOCP from any liability for any such release.

Law Enforcement Reports: I hereby authorize any police, law enforcement agency, child protective agency, or Coroners office to release any police, investigative, incident report, or coroners report related to my application to the VOCP as required by: NRS 217.110 (2)(d), NRS 217.180, NRS 217.210 (1) and NRS 217.220 (1) and (2). I understand that all such reports will remain confidential as provided by State and Federal law and NRS 217.105.

Medical Information: I hereby authorize any hospital, medical clinic, physician, dentist, mental health provider, pharmacist, or any other medical provider to release any and all information including medical reports, histories, prognosis, treatment plans, billing information and any other information relating to my medical treatment for my crime related injuries or condition, to the VOCP as required by NRS 217.100. *This Medical Authorization shall automatically expire without express revocation one year from the date below.* This release is in compliance with all HIPAA regulations.

VOCP Release of Information: I hereby authorize the VOCP to release information to police agencies, medical or other service providers, my advocate, attorney, or others concerning my application or claim only as necessary to administer the VOCP or my claim. No information will be released where prohibited by law. NRS 217.110 and 217.105.

Certificate of Financial Eligibility: I hereby certify that I do not have Savings or Investments exceeding the amount of my Annual Income, and that it would be a financial hardship if I were to receive no assistance from the VOCP. I hereby authorize any Insurer, Financial Institution, Government Agency, or any other person with information about me to release such information to the VOCP. NRS 217.220 (4).

My Promise to Repay the VOCP: I hereby acknowledge my legal obligation to repay the VOCP any money paid to me, or paid on my behalf, by the VOCP, *if I receive any money, from any source, as a result of the crime.* I hereby agree to notify the VOCP if I retain an Attorney to pursue a lawsuit or claim, or if I receive any court ordered restitution or other recovery including, but not limited to, insurance payments, settlements or other benefit payments. NRS 217.240.

Penalties for Providing False Information:

I understand that I may be imprisoned or fined for providing false or misleading, or intentionally incomplete information to the VOCP. I declare under Penalty of Perjury and pursuant to Nevada law that all the information I have provided is true, correct and complete to the best of my information and belief. NRS 217.270.

Print Full Name of Person Signing Application: Jeffrey Allen Reed

Signature of Victim/Applicant (must be signed by an adult)	Date:
X <i>Jeffrey A Reed</i>	5/23/14

Send Completed, Signed Applications to:	VOCP P O Box 94525 Las Vegas, NV 89193-1525
Scan and E-Mail to: applications@voc-net.com	Fax to: (702) 458-5586

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MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Alecia Ann Draper)
Plaintiff/Petitioner)

-vs-

Jeffrey Allen Reed)
Defendant/Respondent)

CASE NO. D-338668

DEPT. 5

**FAMILY COURT MOTION/OPPOSITION
FEE INFORMATION SHEET (NRS 19.0312)**

Party Filing Motion/Opposition: ☒ Plaintiff/Petitioner ☐ Defendant/Respondent

MOTION FOR/OPPOSITION TO _____

Notice

**Motions and Oppositions to
Motions filed after entry of
final Decree or Judgment
(pursuant to NRS 125,
125B & 125C)
are subject to the Re-open
Filing Fee of \$25.00, unless
specifically excluded.
(See NRS 19.0312)**

Excluded Motions/Oppositions

- ☐ Motions filed before final Divorce/Custody Decree entered
(Divorce/Custody Decree NOT final)
- ☐ Child Support Modification ONLY
- ☐ Motion/Opposition For Reconsideration (Within 10 days of Decree)
Date of Last Order _____
- ☐ Request for New Trial (Within 10 days of Decree)
Date of Last Order _____
- ☐ Other Excluded Motion _____
(Must be prepared to defend exclusion to Judge)

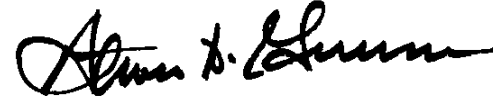
NOTE :If no boxes are checked, filing fee MUST be paid.

☒ Motion/Opp IS subject to \$25.00 filing fee ☐ Motion/Opp IS NOT subject to filing fee

Date: December 9, 202014

Alecia Ann Draper
Printed Name of Preparer

Alecia Ann Draper
Signature of Preparer



CLERK OF THE COURT

OPPC

FRANK J TOTI 005804
AUDREY J BEESON 010511
6900 Westcliff Drive #500
Las Vegas Nevada 89145
p 702.364.1604 f 702.364.1603
frank@fjtesq.com
audrey@fjtesq.com
Attorney for Defendant

DISTRICT COURT FAMILY DIVISION
CLARK COUNTY, NEVADA

ALECIA ANN DRAPER,
Plaintiff,

v

JEFFREY ALLEN REED,
Defendant.

Case No: 05D338668

Dept No: S

Hearing Date: January 12, 2015

Hearing Time: 1:30 p.m.

**DEFENDANT'S OPPOSITION TO PLAINTIFF'S MOTION FOR ORDERS TO MODIFY
CHILD CUSTODY, VISITATION AND/OR CHILD SUPPORT AND COUNTERMOTION TO
MODIFY VISITATION AND FOR ATTORNEY'S FEES AND COSTS**

Comes now, Defendant, Jeffrey Allen Reed, by and through his counsel Frank J,
Toti, Esq., and hereby files this opposition to Plaintiff's motion for orders to modify
child custody, visitation and/or child support and counter motion to modify visitation
and for attorney's fees and costs.

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1 This opposition and countermotion is made and based on the pleadings and
2 papers previously on file herein, the attached points and authorities, the attached
3 exhibits, the attached affidavit and any oral argument which may be entertained at the
4 time of hearing on this matter.
5

6 Dated this 7 day of January, 2015

7
8 

9 FRANK J TOTI 005804
10 AUDREY J BEESON 010511
11 6900 Westcliff Drive #500
12 Las Vegas Nevada 89145

13
14 Points and Authorities

15 **A. Rebuttal Facts to Motion**

16 The Plaintiff, Alecia Ann Draper (hereinafter "Alecia") and the Defendant, Jeffrey
17 Allen Reed (hereinafter "Jeff") were divorced on August 5, 2005. There are two minor
18 children the issue, to wit: Anthony Reed, born May 26, 1999 and Adam Reed, born
19 January 23, 2001. Additionally, the parties have one daughter over the age of eighteen,
20 to wit: Emily Reed, born November 16, 1996.
21

22 At the time of the divorce, Alecia was awarded primary physical custody of the
23 minor children with liberal visitation for Jeff. In August 2011, Alecia was granted
24 permission to relocate to Huntington Beach California with the minor children. Despite
25 the distance between Huntington Beach California and Las Vegas, Jeff remained active
26 in the children's lives, traveling to California when possible and the children visiting him
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1 in Las Vegas for extended periods of time. It should be noted that prior to being
2 granted permission to relocate the children did not want to leave Las Vegas.

3 Up until February 14, 2014, the children visited Jeff every other weekend with
4 the parties meeting in Barstow for the exchange, or equally dividing the expense for
5 airfare. However, on February 14, 2014 Emily admitted to being sexually abused by
6 Jeff's roommate for the past eight years. Like Alecia Jeff, like Alecia was stunned,
7 appalled and extremely upset to learn of the abuse Emily and Adam suffered at the
8 hands of an alleged friend. As a result, Jeff immediately ceased residing in the
9 residence he shared with the perpetrator, leaving behind many personal items,
10 including Emily's hope chest. The hope chest was not intentionally left behind as Alecia
11 alleges. Due to the extensive abuse inflicted on Emily and Adam, coupled with the
12 knowledge that the perpetrator owned at least one firearm, Jeff did not return to the
13 residence to ensure his safety and the safety of the children. It should be noted that on
14 December 18, 2014 the perpetrator was finally arrested and remains incarcerated at
15 the Clark County Detention Center. As such, if and when Jeff can safely retrieve Emily's
16 hope chest he will do so. Jeff sincerely hopes he can retrieve Emily's hope chest and
17 return it to her.
18

19 When the children informed Jeff they feared visiting Las Vegas until the
20 perpetrator was arrested, Jeff respected and supported their decision. As such Jeff
21 began traveling back and forth to California every other weekend or as often as
22 possible in order to be with the children. Despite the perpetrator now being
23 incarcerated, Jeff will never force the children to return to Las Vegas unless they wish
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1 to do so. It is incomprehensible to Jeff that Alecia would entertain the idea that Jeff
2 would risk inflicting further emotional trauma on the children by forcing them to visit
3 him in Las Vegas.

4 Furthermore, Jeff has never and would never harm the children physically or
5 emotionally, nor would he ever intentionally place the children in harm's way. Like
6 Alecia, Jeff had no knowledge of the abuse until Emily told of the abuse she and her
7 brothers endured. In the letter written by Emily where she tells of the abuse, she states
8 that Jeff did not know what was happening (See exhibit b-1 of Alecia's motion).
9

10 As soon as Jeff learned of the abuse he took steps necessary to protect the
11 children and keep them safe. The reason he did not apply for a protective order to keep
12 the perpetrator away from the children is twofold: first, the children are no longer
13 coming to Las Vegas at this time, and; second, Jeff is not the primary custodial parent
14 so he does not have the authority to apply for a protective order for the children. In
15 addition, Alecia informed Jeff she had filed for a protective order in California.
16

17 As detailed above since February 2014 the children have remained in California,
18 so Alecia has been making the day to day decisions for the children. However, Jeff is
19 kept apprised for all decisions affecting the children and should continue to remain
20 involved and have a voice in those decisions.
21

22 There is not a substantial change of circumstances that warrant Alecia's request
23 for a change of custody and supervised visitation for Jeff. When Jeff visits the children
24 in California he does so at his parent's home because it is less expensive than obtaining
25 a hotel room, but due to Jeff having never harmed or intentionally placed the children
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1 in harm's way there is no logical reason for Jeff's contact with the children to be
2 supervised. Alecia's motion has no merit and should be denied in its entirety. Jeff's
3 opposition and countermotion is as follows:

4
5 **II**

6 **Opposition & Countermotion**

7 **Legal Argument**

8 **a. The Parties should maintain joint legal physical custody of the minor children**
9 **with liberal visitation for Jeff with the children.**

10 *NRS 125.460 State policy. The Legislature declares that it is the policy of this State:*

- 11 *1. To ensure that minor children have frequent associations and a continuing*
12 *relationship with both parents after the parents have become separated or have*
13 *dissolved their marriage; and*
2. To encourage such parents to share the rights and responsibilities of child rearing.

14 *NRS 125.480 Best interests of child; preferences; presumptions when court determines*
15 *parent or person seeking custody is perpetrator of domestic violence or has committed*
act of abduction against child or any other child.

16 *1. In determining custody of a minor child in an action brought under this chapter, the*
17 *sole consideration of the court is the best interest of the child. If it appears to the court*
that joint custody would be in the best interest of the child, the court may grant custody
to the parties jointly.

18 *2. Preference must not be given to either parent for the sole reason that the parent is the*
19 *mother or the father of the child.*

20 *3. The court shall award custody in the following order of preference unless in a*
21 *particular case the best interest of the child requires otherwise:*

22 *(a) To both parents jointly pursuant to NRS 125.490 or to either parent. If the court does*
23 *not enter an order awarding joint custody of a child after either parent has applied for*
joint custody, the court shall state in its decision the reason for its denial of the parent's
application.

24 *(b) To a person or persons in whose home the child has been living and where the child*
25 *has had a wholesome and stable environment.*

26 *(c) To any person related within the fifth degree of consanguinity to the child whom the*
27 *court finds suitable and able to provide proper care and guidance for the child,*
regardless of whether the relative resides within this State.

28 *(d) To any other person or persons whom the court finds suitable and able to provide*
proper care and guidance for the child.

4. In determining the best interest of the child, the court shall consider and set forth its
specific findings concerning, among other things:

1 (a) The wishes of the child if the child is of sufficient age and capacity to form an
intelligent preference as to his or her custody.

2 (b) Any nomination by a parent or a guardian for the child.

3 (c) Which parent is more likely to allow the child to have frequent associations and a
continuing relationship with the noncustodial parent.

4 (d) The level of conflict between the parents.

5 (e) The ability of the parents to cooperate to meet the needs of the child.

6 (f) The mental and physical health of the parents.

7 (g) The physical, developmental and emotional needs of the child.

8 (h) The nature of the relationship of the child with each parent.

9 (i) The ability of the child to maintain a relationship with any sibling.

10 (j) Any history of parental abuse or neglect of the child or a sibling of the child.

11 (k) Whether either parent or any other person seeking custody has engaged in an act of
domestic violence against the child, a parent of the child or any other person residing
with the child.

12 (l) Whether either parent or any other person seeking custody has committed any act of
abduction against the child or any other child.

13 5. Except as otherwise provided in subsection 6 or NRS 125C.210, a determination by the
court after an evidentiary hearing and finding by clear and convincing evidence that
either parent or any other person seeking custody has engaged in one or more acts of
domestic violence against the child, a parent of the child or any other person residing
with the child creates a rebuttable presumption that sole or joint custody of the child by
the perpetrator of the domestic violence is not in the best interest of the child. Upon
making such a determination, the court shall set forth:

14 (a) Findings of fact that support the determination that one or more acts of domestic
violence occurred; and

15 (b) Findings that the custody or visitation arrangement ordered by the court adequately
protects the child and the parent or other victim of domestic violence who resided with
the child.

16 6. If after an evidentiary hearing held pursuant to subsection 5 the court determines that
each party has engaged in acts of domestic violence, it shall, if possible, then determine
which person was the primary physical aggressor. In determining which party was the
primary physical aggressor for the purposes of this section, the court shall consider:

17 (a) All prior acts of domestic violence involving either party;

18 (b) The relative severity of the injuries, if any, inflicted upon the persons involved in those
prior acts of domestic violence;

19 (c) The likelihood of future injury;

20 (d) Whether, during the prior acts, one of the parties acted in self-defense; and

21 (e) Any other factors which the court deems relevant to the determination.

22 È In such a case, if it is not possible for the court to determine which party is the primary
physical aggressor, the presumption created pursuant to subsection 5 applies to both
parties. If it is possible for the court to determine which party is the primary physical
aggressor, the presumption created pursuant to subsection 5 applies only to the party
determined by the court to be the primary physical aggressor.

23 7. A determination by the court after an evidentiary hearing and finding by clear and
convincing evidence that either parent or any other person seeking custody has
committed any act of abduction against the child or any other child creates a rebuttable
presumption that sole or joint custody or unsupervised visitation of the child by the

1 perpetrator of the abduction is not in the best interest of the child. If the parent or other
2 person seeking custody does not rebut the presumption, the court shall not enter an
order for sole or joint custody or unsupervised visitation of the child by the perpetrator
and the court shall set forth:

3 (a) Findings of fact that support the determination that one or more acts of abduction
occurred; and

4 (b) Findings that the custody or visitation arrangement ordered by the court adequately
5 protects the child and the parent or other person from whom the child was abducted.

6 8. For purposes of subsection 7, any of the following acts constitute conclusive evidence
that an act of abduction occurred:

7 (a) A conviction of the defendant of any violation of NRS 200.310 to 200.340, inclusive,
or 200.359 or a law of any other jurisdiction that prohibits the same or similar conduct;

8 (b) A plea of guilty or nolo contendere by the defendant to any violation of NRS 200.310
to 200.340, inclusive, or 200.359 or a law of any other jurisdiction that prohibits the
9 same or similar conduct; or

10 (c) An admission by the defendant to the court of the facts contained in the charging
document alleging a violation of NRS 200.310 to 200.340, inclusive, or 200.359 or a law
11 of any other jurisdiction that prohibits the same or similar conduct.

12 9. If, after a court enters a final order concerning custody of the child, a magistrate
determines there is probable cause to believe that an act of abduction has been
13 committed against the child or any other child and that a person who has been awarded
sole or joint custody or unsupervised visitation of the child has committed the act, the
14 court shall, upon a motion to modify the order concerning custody, reconsider the
previous order concerning custody pursuant to subsections 7 and 8.

15 10. As used in this section:

16 (a) "Abduction" means the commission of an act described in NRS 200.310 to 200.340,
inclusive, or 200.359 or a law of any other jurisdiction that prohibits the same or similar
conduct.

17 (b) "Domestic violence" means the commission of any act described in NRS 33.018.

18 The Supreme Court of Nevada in Murphy vs. Murphy, 447 P.2d 664 (1968) held
19 that "a change in custody is warranted when: (1) the circumstances of the parents have
20 been materially altered; and, (2) the child's welfare would be substantially enhanced by
21 the change". The material alteration is established when the moving party shows that
22 circumstances have substantially changed since the most recent custodial order.
23 McMonigle vs. McMonigle, 110 Nev. 1407, 887 P.2d 742 (1994).
24

25 In a child custody case, the Court's foremost concern is the welfare of the child.
26 Culbertson v. Culbertson, 91 Nev. 230, 233, 533 P.2d 768, 770 (1975). The polestar for
27
28

1 the Court when deciding child custody cases is the best interest of the child. Schwartz
2 v. Schwartz, 107 Nev. 378, 812 P.2d 1268 (1991).

3 In Nevada, the Murphy test is a predominate factor in modifying primary
4 custody. In this matter, Alecia has failed meet the criteria necessary for a change of
5 custody under the Murphy Standard. Alecia's allegation that Jeff failed to protect the
6 children from harm warrants the she be awarded sole legal custody of the children and
7 for Jeff's contact with the children to be supervised is meritless.
8

9
10 Neither Alecia nor Jeff had knowledge of the abuse until Emily told them what
11 had occurred. Jeff immediately moved from the residence he shared with the
12 perpetrator and cooperated fully with the authorities who investigated the crimes
13 committed. Furthermore, upon the children stated they did not feel safe visiting Las
14 Vegas Jeff began exercising visiting in California at his sole expense.
15

16 Jeff should not be punished or blamed for the horrific abuse the children
17 suffered, any more than Alecia should be. Pursuant to the Murphy standard, Alecia has
18 failed to prove that the circumstances of the parents have been materially altered and
19 that a change of custody in this matter would substantially enhance the children's
20 welfare and therefore, Alecia's request for a change of custody should be denied.
21

22 In this matter the minor child are 13 and 15 years old, and Emily is 18. Jeff has
23 respected the children's decision to not visit Las Vegas at this time. Despite Jeff's desire
24 to have extended time with the children for spring break and summer vacation, he did
25 not insist the children come to Vegas, and his work schedule did not allow him to take
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1 the time off to remain in California for extended periods of time. In other words, Jeff
2 put the children's best interests first and will continue to do so.

3 In Alecia's motion she requests that Jeff's visitation be set for specific times.
4 Unfortunately, due to his work schedule (Jeff works most weekends), Jeff cannot
5 commit to specific weekends. However, Jeff understands that he cannot just announce
6 with no advance notice of his intent to exercise visitation. As such, Jeff requests that
7 the children be permitted to use teen discretion as to when and if they want to spend
8 time Jeff in Las Vegas and that he be permitted to visit the children in California
9 anytime with seven days advance notice to Alecia and so long as it does not interfere
10 with the children's schooling. Jeff further requests that the parties continue to share
11 joint legal custody of the children.
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15 **b. Jeff's child support obligation to Alecia should be based upon his income.**

16 ***NRS 125B.070 Amount of payment: Definitions; adjustment of presumptive***
17 ***maximum amount based on change in Consumer Price Index.***

18 ***1. As used in this section and NRS 125B.080, unless the context otherwise***
19 ***requires:***

20 ***(a) "Gross monthly income" means the total amount of income received each***
21 ***month from any source of a person who is not self-employed or the gross income***
22 ***from any source of a self-employed person, after deduction of all legitimate***
23 ***business expenses, but without deduction for personal income taxes,***
24 ***contributions for retirement benefits, contributions to a pension or for any other***
25 ***personal expenses.***

26 ***(b) "Obligation for support" means the sum certain dollar amount***
27 ***determined according to the following schedule:***

28 ***(1) For one child, 18 percent;***

(2) For two children, 25 percent;

(3) For three children, 29 percent;

(4) For four children, 31 percent; and

(5) For each additional child, an additional 2 percent,

½ of a parent's gross monthly income, but not more than the presumptive
maximum amount per month per child set forth for the parent in subsection 2 for
an obligation for support determined pursuant to subparagraphs (1) to (4),
inclusive, unless the court sets forth findings of fact as to the basis for a
different amount pursuant to subsection 6 of NRS 125B.080.

2. For the purposes of paragraph (b) of subsection 1, the presumptive maximum amount per month per child for an obligation for support, as adjusted pursuant to subsection 3, is:

INCOME RANGE		PRESUMPTIVE MAXIMUM AMOUNT
If the Parent's Gross Monthly Income Is at Least		The Presumptive Maximum Amount the Parent May Be Required to Pay per Month per Child Pursuant to Paragraph (b) of Subsection 1 Is
	But Less Than	
\$0	\$4,168	\$500
4,168	6,251	550
6,251	8,334	600
8,334	10,418	650
10,418	12,501	700
12,501	14,583	750

If a parent's gross monthly income is equal to or greater than \$14,583, the presumptive maximum amount the parent may be required to pay pursuant to paragraph (b) of subsection 1 is \$800.

3. The presumptive maximum amounts set forth in subsection 2 for the obligation for support must be adjusted on July 1 of each year for the fiscal year beginning that day and ending June 30 in a rounded dollar amount corresponding to the percentage of increase or decrease in the Consumer Price Index (All Items) published by the United States Department of Labor for the preceding calendar year. On April 1 of each year, the Office of Court Administrator shall determine the amount of the increase or decrease required by this subsection, establish the adjusted amounts to take effect on July 1 of that year and notify each district court of the adjusted amounts.

4. As used in this section, "Office of Court Administrator" means the Office of Court Administrator created pursuant to NRS 1.320.

NRS 125B.080 Amount of payment: Determination. Except as otherwise provided in NRS 425.450:

1. A court of this State shall apply the appropriate formula set forth in NRS 125B.070 to:

(a) Determine the required support in any case involving the support of children.

(b) Any request filed after July 1, 1987, to change the amount of the required support of children.

2. If the parties agree as to the amount of support required, the parties shall certify that the amount of support is consistent with the appropriate formula set forth in NRS 125B.070. If the amount of support deviates from the formula, the parties must stipulate sufficient facts in accordance with subsection 9 which justify the deviation to the court, and the court shall make a written finding thereon. Any inaccuracy or falsification of financial information which results in an inappropriate award of support is grounds for a motion to modify or adjust the award.

1 3. If the parties disagree as to the amount of the gross monthly income of
2 either party, the court shall determine the amount and may direct either party
3 to furnish financial information or other records, including income tax returns
4 for the preceding 3 years. Once a court has established an obligation for support
5 by reference to a formula set forth in NRS 125B.070, any subsequent
6 modification or adjustment of that support, except for any modification or
7 adjustment made pursuant to subsection 3 of NRS 125B.070 or NRS 425.450 or
8 as a result of a review conducted pursuant to subsection 1 of NRS 125B.145,
9 must be based upon changed circumstances.

10 4. Notwithstanding the formulas set forth in NRS 125B.070, the minimum
11 amount of support that may be awarded by a court in any case is \$100 per
12 month per child, unless the court makes a written finding that the obligor is
13 unable to pay the minimum amount. Willful underemployment or unemployment
14 is not a sufficient cause to deviate from the awarding of at least the minimum
15 amount.

16 5. It is presumed that the basic needs of a child are met by the formulas set
17 forth in NRS 125B.070. This presumption may be rebutted by evidence proving
18 that the needs of a particular child are not met by the applicable formula.

19 6. If the amount of the awarded support for a child is greater or less than
20 the amount which would be established under the applicable formula, the court
21 shall:

22 (a) Set forth findings of fact as to the basis for the deviation from the
23 formula; and

24 (b) Provide in the findings of fact the amount of support that would have
25 been established under the applicable formula.

26 7. Expenses for health care which are not reimbursed, including expenses for
27 medical, surgical, dental, orthodontic and optical expenses, must be borne
28 equally by both parents in the absence of extraordinary circumstances.

 8. If a parent who has an obligation for support is willfully underemployed
or unemployed to avoid an obligation for support of a child, that obligation must
be based upon the parent's true potential earning capacity.

 9. The court shall consider the following factors when adjusting the amount
of support of a child upon specific findings of fact:

 (a) The cost of health insurance;

 (b) The cost of child care;

 (c) Any special educational needs of the child;

 (d) The age of the child;

 (e) The legal responsibility of the parents for the support of others;

 (f) The value of services contributed by either parent;

 (g) Any public assistance paid to support the child;

 (h) Any expenses reasonably related to the mother's pregnancy and
confinement;

 (i) The cost of transportation of the child to and from visitation if the
custodial parent moved with the child from the jurisdiction of the court which
ordered the support and the noncustodial parent remained;

 (j) The amount of time the child spends with each parent;

 (k) Any other necessary expenses for the benefit of the child; and

 (l) The relative income of both parents.

1 Jeff's income fluctuates greatly as it is commission based. For example, in 2013
2 Jeff earned approximately \$35,000. Jeff believes that this figure is lower than normal.
3
4 For 2014, Jeff estimates that he has earned approximately \$70,000. Jeff believes this
5 amount to be higher than average for Jeff's employment type. Jeff's believes his annual
6 earning range is \$45,000 to \$50,000 per year. Jeff requests that his child support
7 obligation be set as 25% of said amount, with a downward deviation for his travel
8 expenses to California to exercise visitation with the children. Furthermore, Jeff will
9 provide Alecia with his federal income tax returns yearly to ensure that his child
10 support obligation is properly calculated.
11
12

13 Presently, Jeff pays Alecia \$725.00 per month in child support and \$300 per
14 month for the children's medical insurance¹. It should be noted that Jeff has never been
15 provided any documentation on the actual cost for the children's medical insurance and
16 simply took Alecia's word for the costs. Jeff requests that he be provided with
17 documentation for the cost of the children's medical insurance and that the parties
18 equally divide the premium costs for the minor children.
19
20

21 **c. Jeff should not be one hundred percent responsible for any of the children's**
22 **medical expenses and the parties should equally divide any uncovered medical**
23 **expenses incurred for the minor children pursuant to the 30/30 rule.**

24 Emily is now 18 years of age. As such, Jeff has a moral but not a legal obligation
25 to assist Emily with her medical expenses and, of course, he will continue to do so.
26

27 ¹ At the time of the parties' divorce Jeff was to provide medical insurance for the children. However, when
28 Alecia relocated to California, Jeff's insurance no longer covered the children's medical expenses. As such,
Alecia's new husband placed the children on his medical insurance and Jeff has reimbursed Alecia the
premium costs.

1 However, since Emily is an adult this Court does not have jurisdiction to order Jeff to
2 cover her future medical expenses.

3 As for the minor children, as detailed above, Jeff is committed to ensure all of
4 the children receive the necessary professional help to overcome the abuse. Alecia is
5 again trying to punish Jeff for the abuse by requesting he cover one hundred percent of
6 the children uncovered medical expenses. The parties should continue to equally divide
7 any and all uncovered medical expenses incurred for the benefit of the minor children
8 pursuant to the 30/30 rule.

9 d. The parties should equally divide the travel expense for Jeff to visit the
10 children in California and/or the children traveling to Las Vegas to visit.

12 Prior to February 2014, the parties would meet in Barstow to exchange the
13 children, or in the alternative if the children came by airplane the parties equally
14 divided the costs. Since, February 2014, Jeff has covered the full expense for his travel
15 to California to visit the children in addition to paying Alecia child support and \$300 per
16 month for the children's medical insurance premiums. As requested above Jeff requests
17 that he receive a downward deviation in his child support for the cost of travel, or that
18 the parties revert to equally dividing the cost for travel associated with Jeff's visitation
19 with the children. The costs should be equally divided if Jeff visits with the children in
20 California or when the children decide they wish to resume visitation with Jeff in Las
21 Vegas.

24
25 ///

26 ///

27 ///

1 e. Alecia's request for additional fees including prior attorney's fees should be
2 denied.

3 Alecia is requesting that Jeff reimburse her \$5,417.91 in legal expenses she
4 incurred after learning of the abuse. According to Alecia she retained the services of an
5 attorney to assist in ensuring the criminal matter was properly handled and to obtain a
6 protection order against the perpetrator. However, at no time did Alecia consult with
7 Jeff prior to retaining an attorney. In reality, Jeff knew nothing of the alleged expense
8 Alecia incurred prior to the filing of her motion. As such, Alecia should be solely
9 responsible for any fees she incurred without Jeff's knowledge or consent.
10
11

12 As for the \$5,000 Jeff was previously ordered to pay in attorney's fees to Alecia's
13 prior attorney. The amount Jeff owed was discharged in his bankruptcy and as such
14 neither Alecia nor her prior attorney can request that he pay the debt now. Once
15 discharged in bankruptcy, Jeff no longer is responsible for this debt and Alecia's request
16 should be denied.
17
18

19 f. Alecia's request for attorney's fees should be denied and Jeff should be
20 awarded attorney's fees and costs.

21 ***NRS 18.010 Award of attorney's fees.***

22 *1. The compensation of an attorney and counselor for his or her services is governed by
23 agreement, express or implied, which is not restrained by law.*

24 *2. In addition to the cases where an allowance is authorized by specific statute, the court
25 may make an allowance of attorney's fees to a prevailing party:*

26 *(a) When the prevailing party has not recovered more than \$20,000; or*

27 *(b) Without regard to the recovery sought, when the court finds that the claim,
28 counterclaim, cross-claim or third-party complaint or defense of the opposing party was
brought or maintained without reasonable ground or to harass the prevailing party. The
court shall liberally construe the provisions of this paragraph in favor of awarding
attorney's fees in all appropriate situations. It is the intent of the Legislature that the
court award attorney's fees pursuant to this paragraph and impose sanctions pursuant
to Rule 11 of the Nevada Rules of Civil Procedure in all appropriate situations to punish*

1 *for and deter frivolous or vexatious claims and defenses because such claims and*
2 *defenses overburden limited judicial resources, hinder the timely resolution of*
3 *meritorious claims and increase the costs of engaging in business and providing*
4 *professional services to the public.*

5 *3. In awarding attorney's fees, the court may pronounce its decision on the fees at the*
6 *conclusion of the trial or special proceeding without written motion and with or without*
7 *presentation of additional evidence.*

8 *4. Subsections 2 and 3 do not apply to any action arising out of a written instrument or*
9 *agreement which entitles the prevailing party to an award of reasonable attorney's fees.*

10 Pursuant to NRS 18.010 Jeff should be awarded his attorney's fees and costs for
11 having to respond to Plaintiff's motion. Alecia's motion is meritless. In addition at no
12 time did Alecia attempt to resolve the issues with Jeff prior to the filing of her motion.

13 Pursuant to *Brunzell v. Golden Gate Nat'l Bank*, 85 Nev. 345 (1969), the Court
14 should take into consideration the following factors when determining an award of
15 attorney's fees. (1) The qualities of the advocate: Mr. Toti has been practicing law for
16 over 17 years and approximately 98% of his practice is dedicated to family law. (2) The
17 character and difficulty of the work performed: The intricacy, importance, time and skill
18 required to prepare for and argue this Opposition and Countermotion is moderate to
19 high. (3) The work actually performed by the attorney: a memorandum of fees and
20 costs can be supplemented to the court. (4) The result obtained: is yet to be
21 determined.

22 In this instant matter, Alecia is representing herself and has not incurred
23 attorney fees here, therefore her request for attorney's fees and costs should be
24 denied, and Jeff as detailed above should be awarded reasonable attorney's costs and
25 fees.

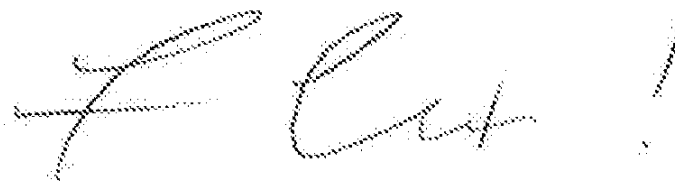
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III
Conclusion

For the aforementioned reasons, Jeff respectfully requests that this Court deny the Plaintiff's motion in its entirety and grant the relief requested herein by Jeff.

Dated this 7 day of January, 2015



FRANK J TOTI 005804
AUDREY J BEESON 010511
6900 Westcliff Drive #500
Las Vegas Nevada 89145
Attorney for Defendant


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AFFIDAVIT OF JEFFREY REED

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)


Jeffrey Reed, being first duly sworn, upon her oath, deposes and says that:

1. I am the Defendant in this action and am competent to testify. The statements contained in this affidavit are based on my personal knowledge.
2. I have read the foregoing opposition and counter-motion and I believe in the truth of the matters asserted therein.
3. That Plaintiff's motion should be denied in its entirety and that the court grant the relief as requested herein.

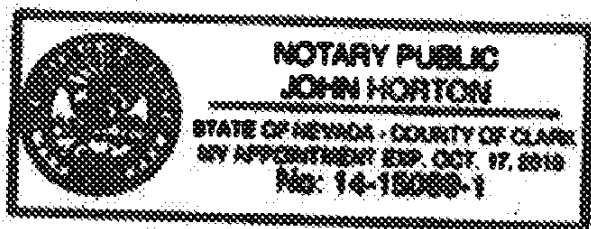


JEFFREY REED

SUBSCRIBED and SWORN to before
me this 2 day of ~~December, 2014~~
 JANUARY, 2015



NOTARY PUBLIC in and for said County and State.



MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Alisia Draper
Plaintiff/Petitioner

-VS-

Jeffrey Reed
Defendant/Respondent

CASE NO. 050338668

DEPT. 5

**FAMILY COURT MOTION/OPPOSITION
FEE INFORMATION SHEET (NRS 19.0312)**

Party Filing Motion/Opposition: ☐ Plaintiff/Petitioner ☒ Defendant/Respondent

MOTION FOR/OPPOSITION TO Motion for Orders to Modify, et al

Notice

**Motions and Oppositions to
Motions filed after entry of
final Decree or Judgment
(pursuant to NRS 125,
125B & 125C)
are subject to the Re-open
Filing Fee of \$25.00, unless
specifically excluded.
(See NRS 19.0312)**

Excluded Motions/Oppositions

- ☐ Motions filed before final Divorce/Custody Decree entered
(Divorce/Custody Decree NOT final)
- ☐ Child Support Modification ONLY
- ☐ Motion/Opposition For Reconsideration (Within 10 days of Decree)
Date of Last Order _____
- ☐ Request for New Trial (Within 10 days of Decree)
Date of Last Order _____
- ☐ Other Excluded Motion _____
(Must be prepared to defend exclusion to Judge)

NOTE: If no boxes are checked, filing fee **MUST** be paid.

☒ Motion/Opp IS subject to \$25.00 filing fee ☐ Motion/Opp IS NOT subject to filing fee

Date: 1/2, 2014

Leah Wells
Printed Name of Preparer

Leah Wells
Signature of Preparer

REGISTER OF ACTIONS

CASE No. 05D338668

Alecia A Reed, Plaintiff vs. Jeffrey A Reed, Defendant.

§
§
§
§
§
§

Case Type: **Divorce - Complaint**
 Subtype: **Complaint Subject Minor (s)**
 Date Filed: **06/14/2005**
 Location: **Department H**
 Cross-Reference Case Number: **D338668**

PARTY INFORMATION

			Lead Attorneys
Defendant	Reed, Jeffrey A 2029 RIVA DEL GARDA PLACE LAS VEGAS, NV 89134	Male	Amanda M Roberts, ESQ <i>Retained</i> 702-474-7007(W)
Plaintiff	Reed, Alecia A Now Known As Draper, Alicia Formerly Known As Kremidas, Alecia A 2217 Florida ST APT 3 Huntington Beach, CA 92648	Female	Elizabeth R. Brennan <i>Retained</i> 702-834-8888(W)
Subject Minor	Reed, Adam P		
Subject Minor	Reed, Anthony J		
Subject Minor	Reed, Emily C		

EVENTS & ORDERS OF THE COURT

01/12/2015	Motion (1:30 PM) (Judicial Officer Ochoa, Vincent) <i>Plaintiff's Motion and Notice of Motion for Orders to Modify Child Custody, Visitation, and or Child Support</i>
	Minutes 01/12/2015 1:30 PM - See All Pending. 03/04/2015 10:30 AM Return to Register of Actions

05D338668

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Divorce - Complaint

COURT MINUTES

January 12, 2015

05D338668 Alecia A Reed, Plaintiff
vs.
Jeffrey A Reed, Defendant.

January 12, 2015 1:30 PM All Pending Motions

HEARD BY: Ochoa, Vincent

COURTROOM: RJC Courtroom 10A

COURT CLERK: Frances Barry-Singer

PARTIES:

Adam Reed, Subject Minor, not present

Alecia Reed, Plaintiff, present

Elizabeth Brennan, Attorney, not present

Anthony Reed, Subject Minor, not present

Emily Reed, Subject Minor, not present

Jeffrey Reed, Defendant, not present

Pro Se

JOURNAL ENTRIES

- PLAINTIFF'S MOTION FOR THE ISSUANCE FOR AN ORDER TO SHOW CAUSE TO HOLD DEFENDANT IN CONTEMPT AND FOR SANCTIONS AND ATTORNEY'S FEES...DEFENDANT'S OPPOSITION AND COUNTERMOTION AND SANCTIONS

Audrey Beeson, Bar # 10511, and Attorney Sloan Smith, Bar # 13587 were present with Defendant/Dad, on behalf of Attorney Toti.

COURT NOTED, The hearing was to begin at 1:30 PM. However, the Counsel and parties were in conference, working on agreements. COURT FURTHER NOTED, the hearing began at 2:40, and counsel has advised that there is a partial agreement.

Attorney Brennan placed the agreement ON THE RECORD as follows:

The Plaintiff/Mom has agreed to WITHDRAW her request to Modify the Physical Custody, and the parties have agreed to continue with the Current Custody arrangement of Plaintiff/Mom having PRIMARY PHYSICAL CUSTODY, and subject to the VISITATION SCHEDULE placed ON THE RECORD today.

PRINT DATE:	03/13/2015	Page 1 of 5	Minutes Date:	January 12, 2015
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PET0119

The parties have STIPULATED and AGREED that all prior Visitation Schedules, including regarding Regular Alternating Weekend Schedule, the Holiday and Summer Visitation Schedule Holiday's shall be VACATED.

The parties STIPULATE and AGREE that neither party shall allow any type of contact by Alan Gory or Karla Newlan, with the minor children.

The parties STIPULATE and AGREE that all VISITATION by Dad shall take place in California, until the parties agree in writing, otherwise. Further, Dad agrees not to bring the minor children to Nevada, unless mutually agreed, by the in writing.

The parties STIPULATE that there will be no CARETAKERS to be present, or caring for the minor children, while Dad has his visitation with them, except for short necessary errands, like running to the grocery store, wherein the minor children may be cared for by paternal grandparents.

The parties have agreed that All VISITATION for Dad shall take place in California. Unless the parties agree otherwise, the minor children shall have NO THIRD PARTY CARETAKER, and shall stay WITH DAD at the paternal grandparents home, or WITH DAD at any other location Dad will be staying, while in California exercising his visitation with the minor children. The visitation shall not be subject to remain only at the paternal grandparents home, and may be exercised at other locations, like a movie theater, the beach, a theme park, Dad's sister's home, or any other location, in which an activity might require. Dad shall be required, to advise Mom, in the email Notification of his intent to exercise visitation that he will be staying at locations other than the paternal grandparents home, while in California exercising his visitation.

Dad has COMITTED to visit the minor children ONE WEEKEND per month.

Dad has agreed to provide Mom a thirty (30) day WRITTEN NOTICE, via email, of his intent to exercise VISITATION, and which weekend he will be exercising for that VISITAION. It is understood by the parties, that Mom would like to see Dad visit two (2) weekends per month, for the minor children to have consistency with Dad. If Dad can exercise more visitations per month, he will advise Mom thirty (30) days in advance, via email, and Mom will try to accommodate the visitation time.

Dad will submit a request for reimbursement for travel expenses to Mom, and Mom has agreed to pay \$70.00 per visit to California, to contribute to Dad's travel expenses, up to two (2) visits per month, at a maximum of \$140.00 per month. Mom shall have thirty (30) days to pay the reimbursement to Dad, for the travel expenses, if Dad has exercised his visitation.

The parties have agreed that all COMMUNICATION between the parties will be exercised, via e-mail, to avoid the minor children being in the middle of any issue.

The parties have agreed that the HOLIDAY VISITATION shall be subject to ALTERNATING the

WINTER BREAK, THANKSGIVING BREAK, and SPRING BREAK. Dad shall provide Mom written notice, via email, by February 1, each year, as to which of these HOLIDAYS he does not have to work that year, and propose which of the HOLIDAYS Dad wishes to alternate. Mom and Dad shall reach an agreement by March 1, of each year, as to who will have which BREAKS from school that year. If the parties are unable to agree to the ALTERNATING BREAKS for the year, the parties have agreed that they shall go to Family Mediation Center, for help in reaching an agreement. The SCHOOL BREAK visitations are subject to the Seventy (\$70.00) Dollar reimbursement for travel expenses.

The parties have agreed that Mom shall provide HEALTH INSURANCE for the minor children, and Dad shall contribute \$66.00 per month, payable on the FIRST (1st) of each month, effective 1-1-15. for his share of the cost of the Health Insurance Premium for the minor children. This amount shall be in addition to any Child Support Order.

The parties have agreed to follow the 30/30 Rule for unreimbursed medical expenses. Any UNREIMBURSED MEDICAL, DENTAL, OPTICAL ORTHODONTIC or other health related expense incurred for the benefit of the minor children is to be divided equally between the parties. Either party incurring an out of pocket medical expense for the children shall provide a copy of the paid invoice/receipt to the other party within thirty days of incurring such expense, if not tendered within the thirty day period, the Court may consider it as a waiver of reimbursement. The other party will then have thirty days from receipt within which to dispute the expense in writing or reimburse the incurring party for one-half of the out of pocket expense, if not disputed or paid within the thirty day period, the party may be subject to a finding of contempt and appropriate sanctions. COURT FURTHER ORDERED that the parties shall be limited to a period of twenty-four (24) months from the date of the appointment, to file a Motion, regarding non-reimbursement of medical bills, upon following the 30/30 Rule described above. If not returned to the Court, within a twenty-four month period, the paid medical bill receipts will be considered, WAIVED, by this Court.

Dad has STIPULATED and agreed to provide a copy of his Tax Returns, by May 1st, of each year.

Upon the COURT ORDERED, the STIPULATION and agreement of the Parties shall become the ORDER of the Court.

Upon the Court's inquiry, it was advised by Attorney Brennan that the remaining issues were Child Support, and a Modification from Joint Legal Custody, to Sole Legal Custody.

Further discussions and arguments made.

COURT FURTHER ORDERED, the parties shall have JOINT LEGAL CUSTODY, subject to Mom having the LEGAL RIGHT to make SOLE DECISIONS regarding school and medical, without Dad. However, any medical decision is limited to a \$1,500.00 annual increase, Any increase in medical treatment, counseling, or other necessary treatment, which is above the limit must be agreed to by Dad, and if not agreed to, shall be returned to Court for a decision. COURT CLARIFIED and FURTHER ORDERED, that In a medical emergency situation, Mom shall have full LEGAL RIGHTS

PRINT DATE:	03/13/2015	Page 3 of 5	Minutes Date:	January 12, 2015
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to do whatever she needs to do.

COURT FINDS, and ORDERED, based on the Court's calculations Child Support shall be based on an average income for Dad, of \$60,000.00 per year. Effective 1-1-15, Dad shall pay to Mom CHILD SUPPORT in the amount of \$1,450.00 per month for three minor children. The parties have agreed that Dad may pay the CHILD SUPPORT in two (2) separate payments of \$725.00, on or before the fifth (5th) of each month, and \$725.00 on or before the twentieth (20th) of each month.

COURT NOTED for the record that the oldest minor child graduating, represented to the Court as being disabled, with a request to continue Child Support beyond graduation, will be considered at time of trial. Mom shall be required to provide proof of the minor child being disabled, meeting the standards required. The information shall be provided by 5:00 PM on 2-23-15. Dad shall have until 3-20-15 to reject Mom's proof, or provide other medical evidence countering Mom's proof.

EVIDENTIARY HEARING, SET on 5-11-15 at 9:30 AM (STACK #1 - FULL DAY) regarding.

Therapist's Report will be accepted, in lieu of the therapist appearing at the day of trial. Further Dad shall be authorized to have access and receive any Therapist report or medical record. Mom shall acquire the reports and records and provide the information to Dad. If Mom gets records, the parties shall split the cost of the records fifty-fifty (50/50). If Dad acquires the records and reports on his own, he shall pay 100% of the cost of acquisition.

Attorney Brennan shall prepare the Order from today's Hearing, and the parties' Stipulation and Order of Agreement. Attorney Beeson shall review and sign off.

5-11-15 AT 9:30 AM HEARING: EVIDENTIARY HEARING

CLERK'S NOTE: The minutes were amended on 3-13-15, by Frances Barry-Singer, to correct the Evidentiary Hearing date, indicated as 4-11-2015, to 5-11-2015. (fbs)

INTERIM CONDITIONS:

FUTURE HEARINGS:

Canceled: March 04, 2015 10:30 AM Motion

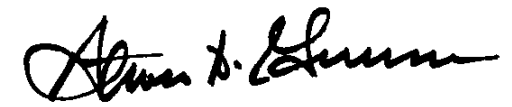
May 11, 2015 9:30 AM Evidentiary Hearing
RJC Courtroom 10A
Ochoa, Vincent
Barry-Singer, Frances

PRINT DATE:	03/13/2015	Page 4 of 5	Minutes Date:	January 12, 2015
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05D338668

PRINT DATE:	03/13/2015	Page 5 of 5	Minutes Date:	January 12, 2015
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PET0123



CLERK OF THE COURT

1 NOTC
2 ELIZABETH BRENNAN
3 Nevada Bar No. 7286
4 Brennan Law Firm
5 7455 Arroyo Crossing Parkway, Suite 220
6 Las Vegas, Nevada 89113
7 Phone: (702) 834-8888 Fax: (702) 507-1466
8 Elizabeth@BrennanLawFirm.com
9 Attorney for Plaintiff

DISTRICT COURT – FAMILY DIVISION
CLARK COUNTY, NEVADA

Alecia Ann Draper,

Plaintiff

vs.

Jeffery Allen Reed,

Defendant

Case No.: D-338668

Dept No.: S

**PLAINTIFF'S NOTICE OF WITHDRAWAL OF REQUEST TO CONTINUE CHILD
SUPPORT FOR EMILY AFTER HIGH SCHOOL GRADUATION
DUE TO CHILD'S DISABILITY
& REQUEST TO VACATE EVIDENTIARY HEARING**

NOTICE is hereby provided by Plaintiff, Alecia Ann Draper, that she hereby withdraws her request to have child support continue for the minor child, Emily Reed, after she graduates from high school due to her disability. Accordingly, **Plaintiff hereby requests that the Court vacate the evidentiary hearing (which is solely on this issue) this is scheduled for May 11, 2015 at 9:30 a.m.**

Respectfully Submitted:

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN, ESQ.
Attorney for Plaintiff

7455 Arroyo Crossing Parkway, Suite 220
Las Vegas, Nevada 89113
Phone: (702) 834-8888

Brennan Law Firm

7455 Arroyo Crossing Parkway, Suite 220
Las Vegas, Nevada 89113
Phone: (702) 834-8888

Brennan Law Firm

CERTIFICATE OF SERVICE

Pursuant to Nevada Rule of Civil of Procedure 5(b), I certify that on the 9th day of
March, 2015, I served the above and foregoing document entitled:

**PLAINTIFF'S NOTICE OF WITHDRAWAL OF REQUEST TO CONTINUE CHILD
SUPPORT FOR EMILY AFTER HIGH SCHOOL GRADUATION
DUE TO CHILD'S DISABILT
& REQUEST TO VACATE EVIDENTIARY HEARING**

by the following method:

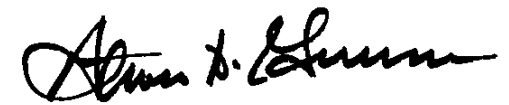
- ☒ Pursuant to EDCR 8.05(a), EDCR 8.05(f), NRCP 5(b)(2)(D) and Administrative
Order 14-2 captioned "In the Administrative Matter of Mandatory Electronic Service
in Eighth Judicial District Court," by mandatory electronic service through the Eighth
Judicial District Court's electronic filing system;
- ☐ by placing same to be deposited for mailing in the United States Mail, in a sealed
envelope upon which first class postage was prepaid in Las Vegas, Nevada;
- ☐ by hand delivery with signed Receipt of Copy;
- ☐ pursuant to EDCR 7.26, to be sent via facsimile, by duly executed consent for service
by electronic means;

To the parties listed at the address, email, and/or facsimile number below:

Frank J Toti
6900 Westcliff Drive #500
Las Vegas, NV 89145
frank@fitesq.com
Fax # (702) 364-1603

/s/ Elizabeth Brennan

An Employee of Brennan Law Firm



CLERK OF THE COURT

1 SAO
2 ELIZABETH BRENNAN
3 Nevada Bar No. 7286
4 Brennan Law Firm
5 7455 Arroyo Crossing Parkway, Suite 220
6 Las Vegas, Nevada 89113
7 Phone: (702) 834-8888 Fax: (702) 507-1466
8 Elizabeth@BrennanLawFirm.com
9 Attorney for Plaintiff

DISTRICT COURT – FAMILY DIVISION
CLARK COUNTY, NEVADA

Alecia Ann Draper,
Plaintiff
vs.
Jeffrey Allen Reed,
Defendant

Case No.: D-338668

Dept No.: S

Hearing Date: January 12, 2015
Hearing Time: 1:30pm

STIPULATION AND ORDER

This matter came on for hearing for Plaintiff's Motion for the Issuance for an Order to Show Cause to Hold Defendant in Contempt and for Sanctions and Attorney's Fees and Defendant's Opposition and Countermotion and Sanctions at the above date and time before the Honorable Vincent Ochoa, District Court Judge, Family Division. Plaintiff, Alecia Ann Draper ("Mom"), was present, represented by her attorney of record, Elizabeth Brennan, Esq., of the Brennan Law Firm, and Defendant, Jeffrey Allen Reed ("Dad"), was present and represented by Audrey Beeson and Sloan Smith on behalf of his attorney of record, Frank J Toti.

The Court, having read the papers and pleadings on file herein, and entertained oral argument of Counsel, makes the following findings and orders:

THE COURT FINDS:

1. The hearing was to begin at 1:30 PM. However, the Counsel and parties were in conference, working on agreements.
2. The hearing began at 2:40 PM, and counsel has advised that there is a partial agreement.

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7455 Arroyo Crossing Parkway, Suite 220
Las Vegas, Nevada 89113
Phone: (702) 834-8888

Brennan Law Firm

- 1 3. Mom has requested that child support continue for the oldest child Emily Reed after she
2 graduates from high school due to a disability. The Court will set this for an evidentiary
3 hearing. Mom shall provide proof of the minor child being disabled, meeting the standards
4 required, by 5:00 PM on February 23rd, 2015. Dad shall have until March 20th, 2015 to reject
5 Mom's proof or provide other medical evidence countering Mom's proof.

6 **THE PARTIES STIPULATE AND AGREE TO THE FOLLOWING:**

- 7 1. Mom withdraws her request to Modify Physical Custody. The parties stipulate and agree to
8 continue with the current physical custody arrangement of Mom having PRIMARY
9 PHYSICAL CUSTODY of the minor children, subject to the VISITATION SCHEDULE
10 placed ON THE RECORD today.
11 2. All prior Visitation Schedules, including the regular alternating weekend schedule as well as
12 the holiday and summer visitation schedule, are hereby VACATED.
13 3. Neither party shall allow any type of contact by Alan Gory or Karla Newlan with the minor
14 children.
15 4. All of Dad's visitation shall take place in California. Dad agrees not to bring the minor
16 children to Nevada, unless mutually agreed to by the parties in writing.
17 5. There shall be no caretakers to be present, or caring for the minor children, while Dad has his
18 visitation with them, except for short necessary errands, like running to the grocery store,
19 wherein the minor children may be cared for by the paternal grandparents.
20 6. The minor children shall stay with Dad at the paternal grandparents home in California, or
21 with Dad at any other location Dad will be staying while in California exercising his
22 visitation with the minor children. The visitation shall not be subject to remain only at the
23 paternal grandparents home, and may be exercised at other locations, like a movie theater,
24 the beach, a theme park, Dad's sister's home, or any other location that an activity might
25 require. Dad shall be required, to advise Mom, in the email notification of his intent to
26

1 12. Mom shall provide HEALTH INSURANCE for the minor children, and Dad shall contribute
2 \$66.00 per month, payable on the first of each month, effective January 1st, 2015 for his share
3 of the cost of the Health Insurance Premium for the minor children. This amount shall be in
4 addition to any Child Support Order.

5 13. To follow the 30/30 Rule for unreimbursed medical expenses. Any unreimbursed medical,
6 dental, optical, orthodontic or other health related expense incurred for the benefit of the
7 minor children is to be divided equally between the parties. Either party incurring an out of
8 pocket medical expense for the children shall provide a copy of the paid invoice/receipt to
9 the other party within thirty days of incurring such expense, if not tendered within the thirty-
10 day period, the Court may consider it as a waiver of reimbursement. The other party will then
11 have thirty days from receipt within which to dispute the expense in writing or reimburse the
12 incurring party for one-half of the out of pocket expense, if not disputed or paid within the
13 thirty day period, the party may be subject to a finding of contempt and appropriate
14 sanctions.

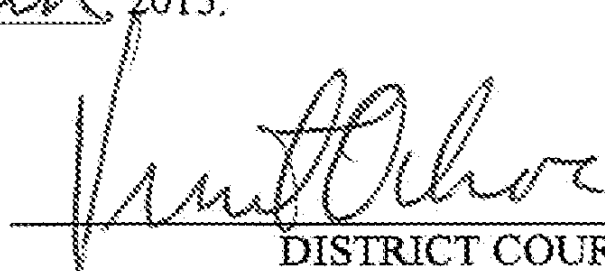
15 14. Dad agrees to provide Mom with a copy of his Tax Returns, by May 1st, of each year.

16 **THE COURT HEREBY ORDERS:**

- 17 1. The STIPULATION and agreement of the parties set forth above is hereby made an ORDER
18 of the Court.
- 19 2. The parties shall have JOINT LEGAL CUSTODY, subject to Mom having the LEGAL
20 RIGHT to make SOLE DECISIONS regarding school and medical, without Dad. However,
21 any medical decision is limited to a \$1,500.00 annual increase. Any increase in medical
22 treatment, counseling, or other necessary treatment, which is above the limit must be agreed
23 to by Dad, and if not agreed to, shall be returned to Court for a decision.
- 24 3. In a medical emergency situation, Mom shall have FULL LEGAL RIGHTS to authorize
25 whatever treatment is necessary for all of their children.
26

- 1 4. Based on the Court's calculations Child Support shall be based on an average income for Dad
2 of \$60,000.00 per year. Effective January 1st, 2015, Dad shall pay to Mom CHILD
3 SUPPORT in the amount of \$1,450.00 per month for three minor children. The parties have
4 agreed that Dad shall pay the CHILD SUPPORT in two (2) separate payments of \$725.00, on
5 or before the fifth (5th) of each month, and \$725.00 on or before the twentieth (20th) of each
6 month.
- 7 5. An evidentiary hearing is set for May 11, 2015 at 9:30 AM (Stack#1 – Full Day) on Mom's
8 request to continue child support for Emily after high school graduation due to disability. The
9 Therapist's Report will be accepted, in lieu of the therapist appearing at the day of trial.
- 10 6. Dad shall be authorized to have access and receive any Therapist report or medical record for
11 the minor children. If Mom acquires the records from the healthcare providers, the parties
12 shall split the cost of the records fifty-fifty (50/50). If Dad acquires the records and reports on
13 his own, Dad shall pay 100% of the cost of acquisition.
- 14 7. The parties shall be limited to a period of twenty-four (24) months from the date of the
15 appointment, to file a Motion, regarding non-reimbursement of medical bills, upon following
16 the 30/30 Rule described above. If not returned to the Court, within a twenty-four month
17 period, the paid medical bill receipts will be considered, WAIVED, by this Court.

18 Dated this 13 day of March, 2015.

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DISTRICT COURT JUDGE

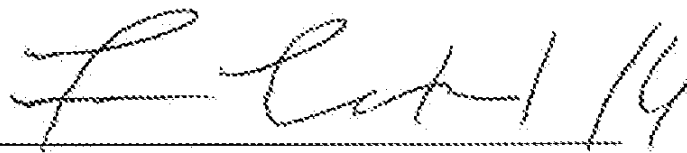
VINCENT OCHOA

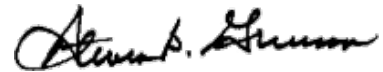
21
22 Respectfully submitted by:

Approved as to Form and Content by:

23 /s/ Elizabeth Brennan

24 Elizabeth Brennan,
25 Attorney for Plaintiff

23 
24 Audrey Beeson,
25 Attorney for Defendant



1 MOTN

2 Amanda M. Roberts, Esq.
3 State of Nevada Bar No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

5 4411 South Pecos Road
6 Las Vegas, Nevada 89121

7 PH: (702) 474-7007

FAX: (702) 474-7477

8 EMAIL: efile@lvfamilylaw.com

9 Attorneys for Defendant, Jeffrey Allen Reed

10 **DISTRICT COURT**

11 **CLARK COUNTY, NEVADA**

12 ALECIA ANN DRAPER,

13 Plaintiff,

14 v.

15 JEFFREY ALLEN REED,

16 Defendant.

Case No: 05D338668

Dept No: S

**MOTION TO RESET CHILD
SUPPORT BASED UPON
EMANCIPATION OF A CHILD
AND FOR ATTORNEY FEES AND
COSTS.**

Date of Hearing: 08/02/2017

Time of Hearing: No Appearance Required

**NO ORAL ARGUMENT
REQUESTED**

17 TO: Plaintiff, Alecia Draper, *in proper person*.

18 **YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS**
19 **MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE**
20 **UNDERSIGNED WITH A COPY OF YOUR RESPONSE WITHIN TEN (10)**
21 **DAYS OF YOUR RECEIPT OF THIS MOTION. FAILURE TO FILE A**
22 **WRITTEN RESPONSE WITH THE CLERK OF THE COURT WITHIN**
23 **TEN (10) DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN**

1 **THE REQUESTED RELIEF BEING GRANTED BY THE COURT**
2 **WITHOUT A HEARING PRIOR TO THE SCHEDULED HEARING DATE.**

3 PLEASE TAKE NOTICE that the undersigned will bring the foregoing
4 Motion on before the Honorable Judge Vincent Ochoa of the Eighth Judicial
5 District Court, Family Division, on his in chambers calendar, located at 601 North
6 Pecos Road, Las Vegas, Nevada, on the 2ND day of
7 August, 2017, at No Appearance Required.m., of said day. Again,
8
9 this matter will be heard on the Court's in chambers calendar, meaning no
10
11 appearance is necessary unless oral argument is later requested.

12 DATED this 29th day of June, 2017.

13 **ROBERTS STOFFEL FAMILY LAW GROUP**

14
15
16 By: Amanda M. Roberts

17 Amanda M. Roberts, Esq.
18 State of Nevada Bar No. 9294
19 4411 S. Pecos Road
20 Las Vegas, Nevada 89121
21 PH: (702) 474-7007
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23 EMAIL: efile@lvfamilylaw.com
24 Attorneys for Defendant, Jeffrey Allen Reed
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5. Affidavit of the Defendant	Attached

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1. The Defendant's request to reset child support pursuant to *NRS* § 125B.070 based upon the emancipation of the children should be granted.
2. The Defendant's request for attorney fees and costs should be granted.
3. For any and all other relief the Court deems proper and just.

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The Parties, Alecia Reed (“Alecia”) and Jeffrey Reed (“Jeff”) were divorced pursuant to a Decree of Divorce filed on August 5, 2005. At the time of their divorce, the Parties had three (3) children, to wit: Emily Reed (“Emily”), born on November 16, 1996; Anthony Reed (“Anthony”), born on May 25, 1999; and Adam Reed (“Adam”), born on January 23, 2001. Two (2) of the children have since emancipated. As such, the Parties have one remaining minor child, Adam.

This matter was last before the Court on Alecia's request for child support for the Parties adult daughter, to wit: Emily Reed ("Emily"). In relation to that request, the Parties were before the Court on January 12, 2015. At that time, it was agreed that pending an Evidentiary Hearing on Emily's alleged disability, that Jeffrey would pay child support in the amount of \$1,450.00 for three (3) children ($\$60,000.00/12 = \$5,000.00 \times .29$ (statutory child support for three (3) children)).

1 Thereafter, before the Evidentiary Hearing, on March 9, 2015, Alecia filed a
2 “Notice of Withdrawal of Request to Continue Child Support for Emily After High
3 School Graduation Due to Child’s Disability & Request to Vacate Evidentiary
4 Hearing.” Jeff believes this was being done because Alecia began receiving Social
5 Security Disability for Emily, but Jeff’s child support was never reset and the
6 Parties never discussed the matter anymore. It should have been reset to \$1,250.00
7 (\$5,000.00 x .25), based upon only Anthony and Adam being minors. Nonetheless,
8 Jeff continued to pay child support at \$1,450.00 per month.
9

10
11 On or about June 15, 2017, Anthony graduated from high school and has
12 reached the age of eighteen (18) years old (i.e., May 25, 2017). As such, the only
13 remaining minor child is Adam. As such, child support should be reset at eighteen
14 percent (18%) of Jeff’s gross monthly income.
15

16
17 Currently, Jeff is employed by Palm Mortuary. Jeff’s income is solely
18 commission based. Jeff’s income is approximately \$5,805.79 per month. As such,
19 Jeff’s child support would be set at eighteen percent (18%) of his gross monthly
20 income or \$1,045.04, but the amount would be capped at \$749.00 per month.
21 Additionally, Jeff will continue to pay the \$66.00 per month in health insurance
22 benefits of \$66.00 per month. Therefore, Jeff’s obligation should be \$815.00 per
23 month. That amount should be paid commencing on July 1, 2017.
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1 Prior to filing this Motion, on April 25, 2017, Jeff's Counsel sent a
2 correspondence to Alecia pursuant to *EDCR* § 5.503 in an attempt to resolve this
3 matter without the necessity of filing a Motion. However, an agreement has not
4 been reached. Therefore, in order to preserve the modification of child support, the
5 Motion became necessary.
6

7
8 **III.**
9 **MOTION**

10 A. *The Defendant's request to reset child support should be granted.*

11 Child support is governed by Chapter 125B of the Nevada Revised Statutes.
12 Pursuant to *NRS* § 125B.200 (a) and (b) defines child as under the age of eighteen
13 or under the age of nineteen (19) and still enrolled in high school. In this matter,
14 the Parties had three (3) children, two (2) of which are now over the age of eighteen
15 (18) and graduated from high school. As such, there is one (1) remaining minor
16 child (Emily and Anthony have both reached the age of eighteen (18) and graduated
17 from high school). *NRS* § 125B.070 (b)(1) provides the child support is eighteen
18 percent (1) for one (1) child.
19

20
21 In this matter, the last Court Order filed March 18, 2015, provided that Jeff's
22 child support was based upon \$5,000.00 gross monthly income and was set at
23 \$1,450.00. Using general mathematical principals, it is easy to determine that child
24 support was set at twenty-nine percent (29%) of Jeff's gross month income which
25 accounted for three (3) minor children pursuant to *NRS* § 125B.070. However, the
26
27

1 Order does not contain language in relation to *NRS* § 125B.200 and does not
2 specifically state that the amount is based upon the formula for three (3) children.
3
4 Therefore, without an Order which amends the child support, Jeff's payment for
5 child support cannot be modified.

6 Jeff's current gross monthly income is \$5,805.79. As such, Jeff's child
7 support would be set at eighteen percent (18%) of his gross monthly income or
8 \$1,045.04, but the amount would be capped at \$749.00 per month pursuant to *NRS*
9 § 125B.080 (2). Additionally, Jeff will continue to pay the \$66.00 per month in
10 health insurance benefits of \$66.00 per month pursuant to *NRS* § 125B.080.
11
12 Therefore, Jeff's obligation should be \$815.00 per month. That amount should be
13 paid commencing on July 1, 2017.
14

15 B. *The Defendant's request for attorney fees should be granted.*
16

17 Candidly, the law is very clear regarding when a parent is no longer obligated
18 to pay child support. Prior to filing this Motion, Jeff's Counsel repeatedly
19 attempted to resolve this matter with Alecia by way of a Stipulation and Order to
20 avoid unnecessary attorney fees. Despite the matter being clear cut, Alecia refused
21 to cooperate. As such, pursuant to *EDCR* § 7.60 (b)(1), Jeff requests that Alecia be
22 Ordered to pay him reasonable attorney fees and costs related to this matter.
23

24 \ \ \

25 \ \ \

1 One of the prevailing cases regarding attorney fees is *Brunzell v. Golden*
2 *Gate National Bank*, 85 Nev. 345, 455 P.2d 31 (1969). According the Brunzell
3 Factors are as follows:
4

- 5 1. The quality of advocacy;¹
- 6 2. The character of the work to be done;²
- 7 3. The work actually performed by the lawyer;³ and
- 8 4. The results obtained.

9 Jeff's Counsel has been practicing law since 2005 and focuses her practice
10 area primarily in the area of family law and she is in good standing with the State
11 Bar of Nevada. Jeff's Counsel participated in a weekly radio show geared at the
12 Clark County community, focused on issues relative to family law. Jeff's Counsel
13 regularly appears in the Family Court regarding issues pertaining to divorce, child
14 custody, child support, relocation, alimony, etc. Jeff's Counsel has sat pro tem for
15 the Domestic Violence Hearing Master and been appointed as a parenting
16 coordinator by various Judges.
17

18 Jeff's Counsel maintains a billing system and will prepare, upon the request
19 of this Court, a billing statement to address the actual attorney fees extended by Jeff
20 relative to the Motion and hearing, if deemed necessary.
21
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23

24
25 ¹ When considering the quality of the advocacy the Court should look at the attorney's ability, training, education,
professional standing, and skill.

26 ² When considering the character of the work to be done the Court should look at the difficulty, intricacy, importance,
time, skill required, the responsibility imposed, and the character of the Party when they have a relevancy to the
litigation.

27 ³ When considering the work performed the Court should consider the skill, time, and attention given to the work.

1 Jeff argues that, except for the fact that Alecia refused to cooperate, his
2 Motion did not need to be filed. As a result, Jeff was forced to file his Motion and
3 incur unnecessary and unwarranted attorney's fees and costs. As such, Jeff should
4 be awarded attorney fees and costs related to this instant Motion in the amount of
5 \$2,500.00 (taking into account the multiple attempts to gain Alecia's cooperation in
6 settling the matter, and then having to file the Motion).
7
8

9 **V.**
10 **Conclusion**

11 Therefore, based upon the foregoing, Jeffrey requests this Court:

- 12 1. Grant his request to reset his child support at eighteen percent (18%)
13 of his gross monthly income based upon the emancipation.
14 2. Grant his request for attorney fees and costs.
15 3. For any and all other relief the Court deems proper and just.
16

17 DATED this 29th day of June, 2017.

18 **ROBERTS STOFFEL FAMILY LAW GROUP**

19 By: Amanda M. Roberts
20

21 Amanda M. Roberts, Esq.

22 State of Nevada Bar No. 9294

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28 Attorneys for Defendant, Jeffrey Allen Reed

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1 4. Thereafter, before the Evidentiary Hearing, on March 9, 2015, Alecia
2 filed a "Notice of Withdrawal of Request to Continue Child Support for Emily
3 After High School Graduation Due to Child's Disability & Request to Vacate
4 Evidentiary Hearing." Jeff believes this was being done because Alecia began
5 receiving Social Security Disability for Emily, but Jeff's child support was never
6 reset and the Parties never discussed the matter anymore. It should have been reset
7 to \$1,250.00 ($\$5,000.00 \times .25$), based upon only Anthony and Adam being minors.
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9 Nonetheless, Jeff continued to pay child support at \$1,450.00 per month.
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11 5. On or about June 15, 2017, Anthony graduated from high school and
12 has reached the age of eighteen (18) years old (i.e., May 25, 2017). As such, the
13 only remaining minor child is Adam. As such, child support should be reset at
14 eighteen percent (18%) of Jeff's gross monthly income.
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16 6. Currently, Jeff is employed by Palm Mortuary. Jeff's income is solely
17 commission based. Jeff's income is approximately \$5,805.79 per month. As such,
18 Jeff's child support would be set at eighteen percent (18%) of his gross monthly
19 income or \$1,045.04, but the amount would be capped at \$749.00 per month.
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21 Additionally, Jeff will continue to pay the \$66.00 per month in health insurance
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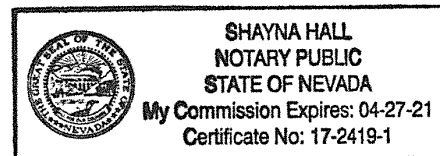
7. Prior to filing this Motion, on April 25, 2017, Jeff's Counsel sent a correspondence to Alecia pursuant to *EDCR* § 5.503 in an attempt to resolve this matter without the necessity of filing a Motion. However, an agreement has not been reached. Therefore, in order to preserve the modification of child support, the Motion became necessary.

FURTHER AFFIANT SAYETH NAUGHT


Jeffrey Reed

Subscribed and Sworn to before me
on this 26 day of June, 2017.

Notary Public in and for
said County and State



MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Alecia Ann Reed nka Draper

Plaintiff/Petitioner

v Jeffrey A. Reed

Defendant/Respondent

Case No. 05D338668

Dept. S

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

<input checked="" type="checkbox"/> \$25	The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
-OR-	
<input type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
<input type="checkbox"/>	The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
<input type="checkbox"/>	The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
<input type="checkbox"/>	The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on _____.
<input type="checkbox"/>	Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
<input type="checkbox"/>	The Motion/Opposition is being filed in a case that was not initiated by joint petition.
<input type="checkbox"/>	The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
-OR-	
<input type="checkbox"/> \$129	The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
-OR-	
<input type="checkbox"/> \$57	The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

The total filing fee for the motion/opposition I am filing with this form is:							
<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$25	<input type="checkbox"/> \$57	<input type="checkbox"/> \$82	<input type="checkbox"/> \$129	<input type="checkbox"/> \$154		

Party filing Motion/Opposition: Employee of Roberts Stoffel Family Law Grou Date 06/29/17

Signature of Party or Preparer

Amanda M. Riebel

PET0142