

DISTRICT ATTORNEY
MARION COUNTY DA
PO BOX 14500
SALEM OR 97309

Oregon



DEPARTMENT OF
JUSTICE

CHILD SUPPORT
PROGRAM

OREGON STATE BOARD OF NUR
17938 SW UPPER BOONES FER
PORTLAND OR 97224

DISTRICT ATTORNEY
MARION COUNTY DA
PO BOX 14500
SALEM OR 97309
(503) 588-5152

STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)
County: MARION Court #: 07C-30347 CSP #: 047-DAX0057-41
Children: ELIJAH AALIYAH

Obligor: TUCKER, RODERICKCAS M

Obligee: LETNEY, MICHELLE MARIE

Other parties: _____

License Holder: TUCKER, RODERICKCAS Type of License: CNA
License #: 200811209C Date of Birth: 06-13-75
Issuing Agency: OREGON STATE BOARD OF NUR SSN (last 4): _____

Notice to Suspend

To The Issuing Agency:

Per ORS 25.750 through ORS 25.783, you must suspend the above listed license, certificate, permit or registration forthwith. I certify that the child support record maintained by the Department of Justice shows that the holder of the license, certificate, permit or registration has an order to pay support and owes arrears in an amount equal to the greater of three months of support or \$2,500, and:

- has not entered into an agreement with the Child Support Program
 is not in compliance with an agreement entered into with the Child Support Program

I also certify that proper notice and opportunity to contest the suspension have been provided under ORS 25.750 through ORS 25.783.

DISTRICT ATTORNEY
MARION COUNTY DA
PO BOX 14500
SALEM OR 97309
Telephone: (503)588-5152
TTY: (800) 735-2900

06/03/2015 MARION COUNTY DA (503)588-5152
Date Authorized Representative

6.10.15
CRM-#15-01926
- RA

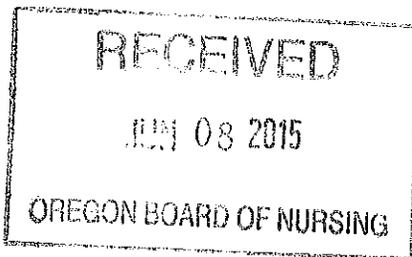
DISTRICT ATTORNEY
WASHINGTON COUNTY DA
150 N FIRST MS41
HILLSBORO OR 97124

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DISTRICT ATTORNEY
WASHINGTON COUNTY DA
150 N FIRST MS41
HILLSBORO OR 97124
(503) 846-8759

STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)
County: MULTNOMAH Court #: 0805-65270 CSP #: 051-AAAJ348-41
Children: SOLOMAN

Obligor: TUCKER, RODERICKCAS M

Obligee: THEODORE, TIFFANY

Other parties: _____

License Holder: TUCKER, RODERICKCAS Type of License: CNA

License #: 200811209C Date of Birth: 06-13-75

Issuing Agency: OREGON STATE BOARD OF NUR SSN (last 4): _____

Notice to Suspend

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Telephone: (503)846-8759
TTY: (800) 735-2900

06/03/2015 WASHINGTON COUNTY DA (503)846-8759
Date Authorized Representative

6.9.15 CRM-HOLD
added
-CR