

1 Code: 3720

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION

8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 PROOF OF SERVICE

16 I served a true and correct copy of the Opposition to the Motion for Reimbursement of Health
17 Care Expenses upon the following people:

18 1. Name: _____ Date: _____

19 By: Service by eFlex

Personal Service

Certified mail, return receipt attached

U.S. Mail, postage prepaid

Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

25 This document does not contain the personal information of any person as defined by
26 NRS 603A.040.

27 Date: _____

Your Signature: _____

28 Print Your Name: _____