

Code: 1067  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Self-Represented Litigant

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

In the Matter of the Parental Rights as to:

\_\_\_\_\_,  
A Minor Child. Case No. \_\_\_\_\_  
\_\_\_\_\_/ Dept. No \_\_\_\_\_

DECLARATION OF PERSONAL SERVICE

*(This form is to be completed by the person who served the documents)*

I, *(name of person who served the documents)* \_\_\_\_\_,

declare (**complete EVERY SECTION below**):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. **What Documents You Served.** I served a copy of the ( *check all that apply*)
  - Petition to Terminate Parental Rights
  - Notice of Hearing to Terminate Parental Rights
  - Other: \_\_\_\_\_
3. **Who You Served.** I served *(name)*: \_\_\_\_\_
4. **When You Served.** I personally served the documents on *(date you served the documents)*  
*(month)* \_\_\_\_\_ *(day)* \_\_\_\_\_, 20\_\_\_\_ at the hour of *(time)*  
\_\_\_\_:\_\_\_\_  a.m  p.m.

///

///

1 5. **Where You Served.** I personally delivered and left the documents with ( *check one*)

2  **The party to the case.** I served the documents on the party at the location below.

3 *(complete the details below)*

4 \_\_\_\_\_  
Name of person served

5 \_\_\_\_\_  
Address where served

6 \_\_\_\_\_  
City, State, Zip Code

7  
8  **A person who lives with the party.** This is a person of suitable age and discretion  
9 who lives with the party, and I served them at their home.

10 *(complete the details below)*

11 \_\_\_\_\_  
Name of person served

12 \_\_\_\_\_  
Address where served

13 \_\_\_\_\_  
City, State, Zip Code

14  
15  **The parent's nearest known relative who lives in Nevada.**

16 *(complete the details below)*

17 \_\_\_\_\_  
Name of person served

18 \_\_\_\_\_  
Address where served

19 \_\_\_\_\_  
City, State, Zip Code

20  
21  **The minor child's legal custodian or guardian.**

22 *(complete the details below)*

23 \_\_\_\_\_  
Name of person served

24 \_\_\_\_\_  
Address where served

25 \_\_\_\_\_  
City, State, Zip Code

26  
27 ///

28 ///

1 6. I am not required to be licensed under Chapter 648 of the Nevada Revised Statutes or  
2 another provision of law because I am not engaged in the business of serving legal process  
3 within the state of Nevada.

4  
5 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE**  
6 **OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.**

7 This document does not contain the personal information of any person as defined by NRS  
8 603A.040.

9 DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20 \_\_\_\_\_.

10 Server's signature: \_\_\_\_\_

11 Server's printed name: \_\_\_\_\_

12 Residential/Business address: \_\_\_\_\_

13 City, State, Zip: \_\_\_\_\_

14 Server's phone number: \_\_\_\_\_