

1 Code: 3725

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 In the Matter of the Parental Rights as to:

11 \_\_\_\_\_,

12 A Minor Child.

Case No. \_\_\_\_\_

13 \_\_\_\_\_/

Dept. No \_\_\_\_\_

14 PROOF OF MAILING

15 On (date) \_\_\_\_\_ I served, as required by NRS 128.060(3), a true and correct  
16 copy of the ( check all that apply)

17  Petition to Terminate Parental Rights

18  Notice of Hearing to Terminate Parental Rights

19 to: Chief of the Child Support Enforcement Program,  
20 Nevada State Division of Welfare and Supportive Services  
21 1470 College Parkway, Carson City, NV 89706 -7924

22 by:  Certified mail, return receipt attached

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

25 DATED this (day): \_\_\_\_\_ day of (month) \_\_\_\_\_, 20 \_\_\_\_\_.

26 Submitted By: (Your signature) \_\_\_\_\_

27 (Print your name) \_\_\_\_\_