

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) _____