

COURT CODE: 1520

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Self-Represented

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

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(name of person who needs a guardian)  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**DECLARATION OF SERVICE**

*A copy of the filed documents can be **personally served** on anyone who is required to receive service.*

*A neutral person, not involved in this case or related to the parties, can personally serve the documents directly to the person. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the person.*

*The proposed guardians or relatives cannot do this.*

*The person who serves the documents must complete this form.*

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. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2) (2017 Nevada Laws Ch. 126 (A.B. 128)).
3. **Who You Served.** I served (name of person who is supposed to get the documents)  
\_\_\_\_\_.

4. **What Documents You Served.** I served a copy of the ( *check all that apply*)

Petition for Visitation / Contact

Notice of Hearing

Other: \_\_\_\_\_

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

**The Person Directly.** I served the documents directly to the person at the location below. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

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

**Someone Who Lives with the Person.** This is a person of suitable age and discretion who lives with the person I needed to serve. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

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

6. **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.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

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

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

Server's Signature: ▶ \_\_\_\_\_

Server's Printed Name: \_\_\_\_\_

Residential / Business Address: \_\_\_\_\_

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

Server's Phone Number: \_\_\_\_\_