

1 Code: 1520

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,

Case No. _____

12 vs.

Dept. No. _____

13 _____,

14 Defendant / Respondent.

15 DECLARATION OF PERSONAL SERVICE

16 (To be filled out and signed by the person who served the Defendant or Respondent.)

17 I, _____, declare:
18 (Name of person who completed service)

- 19 1. I am not a party to this action and am over 18 years of age.
- 20 2. I am not a licensed process server; I am a natural person serving legal process without
- 21 compensation, not more than three times per year, on behalf of a litigant who is a natural
- 22 person, and therefore I am not required to be licensed pursuant to NRS 648.063(2).
- 23 3. I was able to complete service.
- 24 4. I personally delivered and left the document(s) with:

25 **The person to the case (Defendant / Respondent).** I served the document(s) on the
26 party at the location below.

27 _____
(Name of person served)

28 _____
(Street Address, City, State, and Zip Code of where served)

1 **A person who lives with the person to the case.** I served the document(s) on a person
2 of suitable age and discretion who lives with the party at the location below.

3 _____
4 (Name of person served)

5 _____
6 (Street Address, City, State, and Zip Code of where served)

7 5. I served the following document(s): (check all that apply)

8 Summons;

9 Complaint / Petition;

10 Notice of Case Management Conference;

11 Motion to _____;
12 (Name of motion)

13 Other: _____.

14 6. Service was completed on ____/____/____, at the hour of _____ **A.M.** -OR- **P.M.**

15
16 This document does not contain the personal information of any person as defined by NRS
17 603A.040.

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

20 *(The below information is of the person who completes service)*

21
22 Date: _____

Signature: _____

23 Printed Name: _____

24 Address: _____

25 Telephone Number: _____

26 Email: _____

27 * The penalty for willfully making a false statement under penalty of perjury is a minimum of 1
28 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00.
N.R.S. § 199.145.