

1 Code: 3720

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 / Joint Petitioner,

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

12 vs.

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

13 \_\_\_\_\_,  
14 Defendant / Respondent / Joint Petitioner.

15 PROOF OF SERVICE

16 I served a true and correct copy of \_\_\_\_\_  
(Name of document(s) served)

17 upon the following people:

18 1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

19 By:  Service by eFlex

Personal Service

Certified mail, return receipt attached

U.S. Mail, postage prepaid

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

21 Address where service occurred, if applicable: \_\_\_\_\_

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered  
24 to all parties or their lawyer.

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

27 Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

28 Print Your Name: \_\_\_\_\_