

1 Code: 3720

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

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

\_\_\_\_\_

3 Telephone: \_\_\_\_\_

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

4 Self-Represented Litigant

5 IN THE FAMILY DIVISION

6 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF WASHOE

8  
9 \_\_\_\_\_,  
Plaintiff / Petitioner / Joint Petitioner,

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

10 vs.

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

11  
12 \_\_\_\_\_,  
Defendant / Respondent / Joint Petitioner.

13 PROOF OF SERVICE

14  
15 I served a true and correct copy of the Motion for Reimbursement of Health Care Expenses  
16 upon the following people:

17 1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

18 By:  Service by eFlex

Personal Service

19  Certified mail, return receipt attached

U.S. Mail, postage prepaid

20  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: \_\_\_\_\_