

1 Code: 3637

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.

13 Case No. _____

14 _____/

15 Dept. No _____

16 PETITION TO TERMINATE PARENTAL RIGHTS

17 I respectfully request the termination of parental rights as detailed below, pursuant to NRS
18 Chapter 128.

19 1. I am related to the child as follows (check one):

20 Mother Father Legal guardian

21 Other (explain relationship): _____.

22 2. The child is as follows:

23 Full Name Date of Birth City/State of Birth Sex

24 _____ / ____ / ____ _____

25 The child's current address (street, city, state, zip):

26 _____

27 _____

3. I have physical custody or control of the child (*check one*):

Yes.

No. The person who has physical custody or the child resides with (*check all that apply*): Parent 1 Parent 2 The legal guardian

Other. Relationship to child: _____

Name: _____

Address: _____

4. **UCCJEA Declaration.** Has the child lived in Nevada the last six months, or since birth?

(*check one*)

Yes, the child has lived in Nevada for the past six months, or since birth.

No, the child has NOT lived in Nevada for the past six months.

a. **Living Arrangements Last 5 Years.** The child has lived with the following persons in the following places within the last five years:

Time Period (mo/yr – mo/yr)	Name of Person the Child Lived With	Relationship to the Child	Address Where Child Lived (Street, City, State, Zip)
_____ - present			
_____ - _____			
_____ - _____			
_____ - _____			
_____ - _____			

Current contact information. The names and current addresses of each person the child lived with during the last five years are:

Name of Person the Child Lived With	Current Address (Street, City, State, Zip)

1 **b. Participation in Other Cases:** Have you ever participated in any case concerning this
2 child as a party, witness, or in some other capacity? (*check one*)

3 No.

4 Yes, I have participated in the following cases concerning this child (*provide all*
5 *specifics including the state, the court name, the case number, and the date of the*
6 *child custody order, if any*): _____

7 _____
8 _____

9
10 **c. Knowledge of Other Cases:** Do you know of any other case that could affect this case,
11 such as other custody cases, domestic violence cases, protection order cases, or
12 adoption/terminations? (*check one*)

13 No.

14 Yes, the following cases that could affect this case (*give all specifics including the*
15 *state, the court name, the parties involved, the case number, and the type of case*):

16 _____
17 _____
18 _____

19
20 **d. Person(s) Who Claim Custody / Visitation:** Is there anyone other than yourself or the
21 other parties to this case who has custody of the child or who claim a right to custody or
22 visitation with the child? (*check one*)

23 No.

24 Yes, the following people have custody or claim custody/visitation of the child (*list*
25 *names and addresses of anyone who claims custody/visitation rights*):

26 _____
27 _____
28 _____

1 5. The child's parents are:

2 **Parent 1:** Name _____

3 Address _____

4 Address unknown. If unknown, the nearest known adult relative to the parent is:

5 Name _____

6 Relationship (*such as parent, sibling, etc.*) _____

7 Address _____

8 Is this person the legal parent? Yes No

9 Is this person the biological parent? Yes No

10
11 **Parent 2:** Name _____

12 Address _____

13 Address unknown. If unknown, the nearest known adult relative to the parent is:

14 Name _____

15 Relationship (*such as parent, sibling, etc.*) _____

16 Address _____

17 Is this person the legal parent? Yes No

18 Is this person the biological parent? Yes No

19
20 6. Whose rights are you trying to terminate? Parent 1 Parent 2 Unknown parent

21
22 7. (*check one*)

23 The child does not have a legal guardian.

24 The child does have a legal guardian. The legal guardian is:

25 Name _____

26 Address _____

27 _____

1 **8.** The nearest known relative to the **child** if no parent or guardian can be found is:

2 Relationship to child _____

3 Name _____

4 Address _____

5 Does not apply.

6
7 **9.** (*check all that apply*)

8 Does the parent whose rights you are requesting be terminated receive public assistance?

9 Yes No

10 Does the child receive public assistance? Yes No

11
12 **10.** Parental rights should be terminated because (*check all that apply*):

13 **Abandonment.** The parent's conduct shows that the parent intends to give up all rights
14 to the child. Specifically, the parent has not provided for the child's support and has not
15 communicated with the child since (*date*) _____.

16 Further proof of abandonment includes: _____

17 _____
18 _____
19 _____

20 **Neglect and/or unfitness.**

21 **Neglect.** The parent is able to, but has refused to provide proper food, clothing,
22 shelter, education, medical care, or other necessary care for the child's physical,
23 mental and emotional needs as follows: _____

24 _____
25 _____
26 _____
27 _____
28 _____

1 **Unfitness.** The parent has failed to provide the child with proper care, guidance,
2 and support because of the parent’s fault, habit, or conduct as follows:

3 _____
4 _____
5 _____
6 _____
7 _____

8 If you have selected neglect or unfitness, the court must consider the following
9 questions. Please answer each question below.

10 a. Is there an emotional illness, mental illness, or mental deficiency which renders
11 the parent unable to care for the needs of the child? No Yes (*explain*):

12 _____
13 _____
14 _____

15 b. Has the parent engaged in conduct toward a child of a physically, emotionally or
16 sexually cruel or abusive nature? No Yes (*explain*):

17 _____
18 _____

19 c. Has the parent had any involvement with involuntary servitude, the sale of
20 another person, forced labor or services? No Yes (*explain*):

21 _____
22 _____

23 d. Does the parent engage in excessive use of intoxicating liquors, controlled
24 substances, or dangerous drugs which make the parent consistently unable to care
25 for the child? No Yes (*explain*):

26 _____
27 _____
28 _____

1 e. Has the parent failed, even though able, to provide the child with adequate food,
2 clothing, shelter, education or other care and control necessary for the child's
3 physical, mental and emotional health and development?

4 No Yes (*explain*):

5 _____
6 _____
7 _____

8 f. Has the parent been convicted of a felony that makes the parent unfit to provide
9 adequate care and control necessary for the child's physical, mental or emotional
10 health and development? No Yes (*explain*):

11 Case number _____ Court _____

12 _____
13 _____

14 g. Has any child in the care of the parent suffered a physical injury resulting in
15 substantial bodily harm, a near fatality or fatality for which the parent has no
16 reasonable explanation and for which there is evidence that such physical injury
17 or death would not have occurred absent abuse or neglect of the child by the
18 parent? No Yes (*explain*): _____

19 _____
20 _____

21 h. Has a public or private agency tried to reunite the family? No Yes

22 If yes, what efforts did they make (*explain*)? _____

23 _____
24 _____

25
26 **Failure of parental adjustment.** The parent was unable or unwilling within a
27 reasonable time to correct substantially the circumstances, conduct or conditions which
28 led to the placement of their child outside of their home. *Explain*: _____

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Risk of Harm. The child would be at risk of serious physical, mental, or emotional injury if they were returned to, or remain in, the home of the parent as follows:

Token Efforts. The parent has made only token efforts to care for the child. (*check all that apply*):

To support or communicate with the child (*explain*): _____

To prevent neglect of the child (*explain*): _____

To avoid being an unfit parent (*explain*): _____

To eliminate the risk of serious physical, mental or emotional injury to the child (*explain*): _____

Sexual Assault. The child was conceived as a result of a sexual assault for which the natural parent was convicted.

1 **11. It is in the child's best interest to terminate parental rights because:**

2 _____

3 _____

4 _____

5 _____

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10 _____

11 _____

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20 _____

21 *If more room is needed, attach additional sheets.*

22

23 **12. Upon information and belief, is the child a member of an Indian or Native American tribe?**

24 Or is the child eligible for membership in a tribe and is a biological child of a member of a

25 tribe? (check one)

26 No.

27 Yes.

28 *If Yes, additional steps are required. Please contact the Resource Center for more information.*

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13. I ask for judgment as follows:

- a. That the Court grant the relief requested in this Petition; and
- b. For such other relief as the Court finds to be just and proper.

Under penalties of perjury, I declare that I am the Plaintiff / Petitioner in the above-entitled; that I have read the foregoing Petition and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

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

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

DATED this (*day*): _____ day of (*month*) _____, 20 ____.

Submitted By: (*Your Signature*) _____

(*Print Your Name*) _____