Code: 3637
Name: _____
Address: _____
_____
Telephone: _____
Email: _____
Self-Represented Litigant

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

In the Matter of the Parental Rights as to, Case No. _____

_____, Dept. No. _____

A Minor Child.
_____/

PETITION TO TERMINATE PARENTAL RIGHTS

This form must be fully completed; if you do not know the answer, write "unknown". If more room is needed for any section, attach additional sheets.

I respectfully request to terminate the parental rights of (*name of person(s) whose rights you want to terminate*):

_____

_____

as detailed below, pursuant to NRS Chapter 128.

1. I am related to the child as follows (*explain your relationship to the child, such as, mother, father, legal guardian, etc.*): _____.

2. The child's information is as follows:
Full name: _____
Age: _____

Current address (*street, city, state, and zip*):

_____

_____

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

☐ Yes.

☐ No. The person who has physical custody or control of the child is:

Name: _____

Address: _____

_____

Relationship to the child:_____

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 5 years:

Child Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Date Child Moved Here	Child's Address (Street Address, City, State)	People With Whom Child Lived (Name and Current Address)	Relationship To Child

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

☐ No

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

_____
_____
_____

c. **Knowledge of Other Cases:** Do you know of any other case that could affect this case, such as other custody cases, domestic violence cases, protection order cases, or adoption cases or termination of parental rights cases? (*check one*):

☐ No.

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

_____
_____
_____

d. **Persons Other Than You or the Other Parent Who Claim Custody/Visitation** Is there anyone other than you or the other parent who has custody of the child or who claim a right to custody or visitation with the child? (*check one*):

☐ No

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

_____
_____
_____

5. The child's parents are (*if there are more than two people who have the legal relationship of parent, please attached additional pages (this does not include stepparents, aunts, uncles, grandparents, etc.*)):

a. Name: _____

Address: _____

_____

☐ Address unknown. If unknown, this parent's nearest known adult relative who lives in Nevada is:

Name: _____

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

Address: _____

_____

b. Name: _____

Address: _____

_____

☐ Address unknown. If unknown, this parent's nearest known adult relative who lives in Nevada is:

Name: _____

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

Address: _____

_____

6. I would like to terminate the parental rights of any unknown parent.

☐ Yes

☐ No

☐ Does not apply

7. Does the child have a legal guardian?

☐ No

☐ Yes. The legal guardian is:

Name: _____

Address: _____

_____

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

Name: _____

Address: _____

_____

Relationship to child (*such as, parent, sibling, etc.*): _____

☐ Does not apply

9. Do you receive public assistance?

☐ Yes

☐ No

10. Does the child receive public assistance?

☐ Yes

☐ No

If you checked 'Yes' to either of the two previous questions, you must mail a copy of the Notice of Hearing and a copy of this Petition to the Chief of the Child Support Enforcement Program of the Division of Welfare and Supportive Services of the Department of Health and Human Services by registered or certified mail return receipt requested at last 45 days before the hearing.

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

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

Further proof of abandonment includes:

_____

_____

_____

_____

☐ **Neglect and/or unfitness**.

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

_____

_____

_____

_____

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

_____
_____
_____
_____

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

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____

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

_____
_____
_____

v. Has the parent failed, even though able, to provide the child with adequate food, clothing, shelter, education or other care and control necessary for the child's physical, mental and emotional health and development? ☐ No ☐ Yes (*explain*):

_____
_____
_____

vi. Has the parent been convicted of a felony that makes the parent unfit to provide adequate care and control necessary for the child's physical, mental or emotional health and development? ☐ No ☐ Yes (*explain*):
Case number: _____ Court: _____

_____
_____

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

_____
_____
_____

viii. Has a public or private agency tried to reunite the family? ☐ No ☐ Yes
If yes, what efforts did they make (*explain*)?

_____
_____
_____

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

_____
_____
_____

☐ **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 no efforts to care for the child or little effort 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.

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If more room is needed, attach additional sheets.

13. I have reason to know that the child is an Indian child. (*check one*)

☐ No

☐ Yes

If yes, additional steps are required. Please contact an attorney for more information.

14. I am filing with respect to my unborn child. The name and residence of the other parent or person I believe is the other parent is:

Name _____

Residence _____

The expected due date is _____

Note: The hearing will not be held until after the birth of the child.

☐ Does not apply.

15. 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.

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

Date: _____ Your signature: _____

Print your name:_____

VERIFICATION

I hereby declare under penalty of perjury that I am the Petitioner in the above-captioned matter; I have read the foregoing Petition to Terminate Parental Rights and know the contents thereof; this pleading is true and correct to the best of my knowledge, except for those matters stated upon information and belief, and as to those matters, I believe them to be true.

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

DATED this _____ day of _____, 20_____.

Your signature: _____

Print your name: _____