Code: 3725
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.
_____/

PROOF OF MAILING

On (*date*) _____ I served, as required by NRS 128.060(3), a true and correct copy of the (*check all that apply*)

☐ Petition to Terminate Parental Rights

☐ Notice of Hearing to Terminate Parental Rights

to: Chief of the Child Support Enforcement Program,
Nevada State Division of Welfare and Supportive Services
1470 College Parkway, Carson City, NV 89706-7924

by: ☐ Certified mail, return receipt attached

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

Date: _____ Your signature: _____

Print your name: _____