

COURT CODE: 1356

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**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 Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of child who has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

**CERTIFICATE OF MAILING FOR THE
PETITION FOR REGISTRATION OF OUT OF STATE GUARDIANSHIP**

I HEREBY CERTIFY that I served the: (*check all that apply*)

- Petition for Registration of Out of State Guardianship
- Citation to Appear and Show Cause
- Other: _____

on *(month)* _____ *(day)* _____, 20____, by depositing a copy of the same in the U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested, addressed to:

Relatives / Required Notices:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

If the child receives or has received **Medicaid**, check the following box and mail to:

- Nevada Department of Health and Human Services
Director's Office
1000 N. Division Street, Suite # 102
Carson City, NV 89703

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

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

DATED (*month*) _____ (*day*) _____, 20__.

(Signature)

(Printed Name)

ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE POST OFFICE) TO THIS FORM WHEN RECEIVED