

1 Code: 3720
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

11 _____, Case No. _____
12 Plaintiff / Petitioner / Joint Petitioner, Dept. No. _____
13 vs.
14 _____,
15 Defendant / Respondent / Joint Petitioner.
16 _____ /

17 PROOF OF SERVICE

18 Pursuant to Nevada Rule of Civil Procedure 5(b), I served a true and correct copy of the
19 _____ filed on
20 (Name of document(s) served)
21 _____ in the manner(s) and at the location(s) described below. A copy
22 (Date of filing)
23 of this Proof of Service has been mailed or personally delivered to all parties or their lawyer.
24

25 *Service Description*

26 Fill in the information requested on the next page for each person who has been served.
27 If a person was served by United States Postal Service certified mail, you must attach the
28 return receipt to this document.

1 A copy of the above named document(s) was served upon the following people:

2
3 1. Name: _____ Date: _____
4 (Name of the person who was served) (Date of service: month / day / year)

5 By: Personal service **-OR-** Service by U.S. Mail, postage prepaid **-OR-**
6 Certified mail, return receipt attached **-OR-** Other: _____

7
8 Address: _____
(Mailing address or physical address where service took place)

9
10
11
12 2. Name: _____ Date: _____
(Name of the person who was served) (Date of service: month / day / year)

13 By: Personal service **-OR-** Service by U.S. Mail, postage prepaid **-OR-**
14 Certified mail, return receipt attached **-OR-** Other: _____

15
16 Address: _____
(Mailing address or physical address where service took place)

17
18
19 If more room is needed, attach additional sheets.

20
21 This document does not contain the Social Security Number of any person.

22 I declare under penalty of perjury, under the law of the State of Nevada, that the foregoing
23 statements are true and correct.

24
25 Signature: _____

26 Date: _____ Print Your Name: _____