

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: \_\_\_\_\_  
27  
28