

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Parental Rights as to:

(children's names)

Minor Child(ren).

CASE NO.: _____

DEPT: _____

AFFIDAVIT OF SERVICE (TERMINATION OF PARENTAL RIGHTS)

I, *(name of person who served the documents)* _____, declare

(complete EVERY SECTION below):

1. I am not a party to or interested in this action and I am over 18 years of age.

2. **What Documents Served.** I served the (*check all that apply*)
 - Petition to Terminate Parental Rights
 - Notice of Hearing
 - Other: _____

3. **Who Was Served.** I personally handed the documents above to *(name of person served)* _____ who is: (*check one*)
 - The parent against whom the petition to terminate rights is filed.
 - The parent's nearest known relative living in Nevada *(this option is only allowed if the parent's location is truly unknown).*
 - The child's legal guardian.

4. **When Served.** I served the documents on the person named above on (*date you served the documents*) (*month*) _____ (*day*) _____, 20____ at the hour of (*time*) ____:____ a.m. p.m.

5. **Where Served.** I served the documents on the person named above at: (*where you served the documents*)

Address

City, State, Zip Code

6. That: (*check one*)

I am a licensed process server or an employee of a licensed process server; my license or registration number is (*insert license or registration number*) _____.

I am not required to be licensed under Chapter 648 of the Nevada Revised Statutes or another provision of law because I am not engaged in the business of serving legal process within the state of Nevada.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.

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

Server's Signature: ▶ _____

Server's Printed Name: _____

Residential / Business Address: _____

City, State, Zip: _____

Server's Phone Number: _____