

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: _____

CERTIFICATE OF MAILING TO CHILD SUPPORT ENFORCEMENT

I, *(name of person who mailed the documents)* _____,
declare under penalty of perjury under the law of the State of Nevada that the following is true
and correct. That I served the (*check all that apply*)

- Petition to Terminate Parental Rights
- Notice of Hearing

as required by NRCP 5(b) and NRS 128.060(3) by depositing a copy of same in the U.S. Mail in
_____, Nevada, by (*check one*) registered mail / certified mail,
return receipt requested, on *(month)* _____ *(day)* _____, 20____ addressed as
follows:

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

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

Signature: ▶ _____