

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: ▶ \_\_\_\_\_