

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

DISTRICT COURT
_____ **COUNTY, NEVADA**

_____ Plaintiff, vs. _____ Defendant.	CASE NO.: _____ DEPT: _____
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AFFIDAVIT OF ATTEMPTED SERVICE
(this form is to be completed by the person who tried to serve the documents)

I, *(name of person who tried to serve 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. **Who You Tried To Serve.** I attempted to personally serve legal documents on *(name of the person you tried to serve)* _____.

3. **What Documents You Tried to Serve.** I attempted to serve the person above with a copy of *(list the names of the documents you tried to serve)*

4. **Attempts to Serve.** I made the following attempts to serve the documents on the person named above:

<u>Date of Attempt</u>	<u>Location of Attempt</u>	<u>Result</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. I was not able to serve the documents after the attempts described above.

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: _____