**PSER**

**ATTORNEY NAME**

Nevada Bar No.: #

**LAW FIRM/LEGAL AID/OTHER**

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

EMAIL

Attorney(s) for Plaintiff

*In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

PLAINTIFF NAME, )

Plaintiff, ) Case No.:

)

vs. ) Dept. No:

)

DEFENDANT NAME, )

)

Defendant. )

)

**PROOF OF ALTERNATE SERVICE**

I certify that Defendant was served by all of the following alternate methods authorized by the Court. (⮽ *check all options that the judge ordered*)

* + **Mail**: I mailed a copy of the summons and complaint on (*date you mailed the documents*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to Defendant’s last known address below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Last Known Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

* + **Posting on Door**: I posted a copy of the complaint and summons on Defendant’s door on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  + **Email**: I emailed a copy of the complaint and summons on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_ to (*email address you sent it to*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  + **Text:** I texted a copy of the complaint and summons on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (*phone number you texted it to*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  + **Facebook:** I sent a copy of the complaint and summons through Facebook Messenger on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (*contact name you sent it to*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  + **Other**:

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

DATED this \_\_\_\_ day of (*month*) ­­­\_\_\_\_\_\_\_, 20­­­\_\_\_.

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTORNEY INFORMATION**

Nevada Bar No.:

**Law Firm/Legal Aid/Other**

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

[EMAIL](mailto:snoyce@lacsn.org)

Attorney(s) for Plaintiff