## PJOIN

*ATTORNEY*, ESQ.

Nevada Bar No.

**LEGAL AID CENTER**

**of SOUTHERN NEVADA, INC.**

**CHILDREN’S ATTORNEYS PROJECT**

725 East Charleston Blvd.

Las Vegas, Nevada 89104

Phone: (702) 386-1070, Ext.

Email:

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION – JUVENILE

CLARK COUNTY, NEVADA

In the Matter of: ) Case No.: J-

 ) Dept. No.: Dependency #/Judge

***CLIENT*,** ) Courtroom: #

DOB: )

AGE: )

 )

 A Minor. )

 )

 **SUBJECT MINOR’S JOINDER TO CLARK COUNTY DEPARTMENT OF FAMILY SERVICES’ MOTION TO TERMINATE PARENTAL RIGHTS**

COMES NOW, subject minor, ***CLIENT***, by and through his attorney, *ATTORNEY*, Esq., of the Children’s Attorneys Project of Legal Aid Center of Southern Nevada and hereby files this Joinder in the Clark County Department of Family Services’ Motion to Terminate Parental Rights, filed with this Court on *Date*.

 This Joinder incorporates by reference the statement of facts and the points of authorities set forth in the underlying Motion.

 DATED this \_\_\_\_\_ day of *Month*, *Year*.

 **LEGAL AID CENTER OF SOUTHERN NEVADA, INC.**

 **CHILDREN’S ATTORNEYS PROJECT**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***CERTIFICATE OF MAILING***

I HEREBY CERTIFY that on the \_\_\_\_\_\_\_ day of *Month*, *Year*, I served the foregoing ***JOINDER TO CLARK COUNTY DEPARTMENT OF FAMILY SERVICES’ MOTION TO TERMINATE PARENTAL RIGHTS***, by the Court’s electronic system (EFS E-File & Serve) and/or depositing in the U.S. Mail in a sealed envelope with first-class postage fully prepaid thereon, to the following:

*ATTORNEY*, Esq.

Deputy District Attorney Juvenile

Family Court

601 N. Pecos Road, Room 470

Las Vegas, Nevada 89101

DAJuvenileEfile@ClarkCountyNV.gov

Attorney for the Clark County Department of Family Services

*ATTORNEY*, Esq.

*Address*

*Email Address*

Attorney for Natural Mother, *Mother*

*ATTORNEY*, Esq.

*Address*

*Email Address*

Attorney for Natural Father, *Father*

*Case Manager*, Case Manager

Clark County Department of Family Services

701 N. Pecos Road, Bldg. K

Las Vegas, Nevada 89101

*Email Address*

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

 An employee of

 Legal Aid Center of Southern Nevada, Inc.