

1 Case No.

2 Dept. No.

3 The undersigned hereby affirms this document
4 does not contain a social security number.

5 _____
6
7 IN THE JUVENILE DIVISION OF...

8
9 In the Matter of:

10 MINOR CHILD
11 DOB:
12 Children Under 18 Years of Age.

**NOTICE AND WAIVER
OF HEARINGS**

13
14 The State of Nevada, Department of Health and Human Services, Division of
15 Child and Family Services, by and through its attorneys, (DA Name), (county) District
16 Attorney and (Name) Deputy District Attorney, the natural mother, MOTHER, by and
17 through her counsel, ATTORNEY, the natural father, FATHER, by and through his
18 counsel, ATTORNEY, and the Minor Child, by and through his/her counsel,
19 ATTORNEY, do hereby waive their rights to Notice of Hearings by Registered or
20 Certified Mail pursuant to NRS 432B.580(4) or NRS 432B.590(1).

21 It is hereby agreed to and stipulated by the parties, and their respective counsel,
22 that personal service of Notice of Hearings will be accepted on this date, and through
23 this document, for the following hearings:

24 Adjudicatory Hearing, if needed: _____

25 Dispositional Hearing: _____

26 Six (6) Month Review Hearing: _____

27 Twelve (12) Month Review Hearing: _____

28 It is further agreed to and understood by the parties, and their respective
29

counsel, that all future proceedings will be held at (Court House Address).

DATED this _____ of _____, 20__.

MOTHER
Mother

ATTORNEY
Attorney for Mother

FATHER
Father

ATTORNEY
Attorney for Father

(The Child Welfare Agency)
Representative

ATTORNEY
Attorney for Minor Child(ren)

(Name of DA)
(County) DISTRICT ATTORNEY

By: _____
Name
Deputy District Attorney