



WASHOE COUNTY HUMAN SERVICES AGENCY

350 South Center Street
RENO, NEVADA 89501-2103
PHONE: (775) 786-8600
FAX: (775) 785-8648

Date

NAME [Foster Parent, Relative Placement, Person Planning to Adopt]
ADDRESS
ADDRESS
Email Address

Re: Case No.: JVXX-XXXX

I acknowledge that I have the right to notice and to be heard at hearings in the above-referenced case. I understand that this right to notice and opportunity to be heard does not include the right to standing as a party to the case. 42 U.S.C. 675(5)(G); 45 C.F.R. 1356.21(o); NRS 432B.580; NRS 432B.590. I understand that if the child who is the subject of this hearing is placed for adoption, the right to visitation of the child is subject to the provisions of NRS 127.171).

I hereby waive my right to receive notice of hearings by US mail pursuant to NRS 432B.580(6) and NRS 432B.590(1). I request that all notices to me be provided by email at the following email address: _____

Name of Foster Parent

Signature of Foster Parent



INTEGRITY



EFFECTIVE
COMMUNICATION



QUALITY
PUBLIC SERVICE

350 S. CENTER STREET, RENO, NV 89501

WWW.WASHOECOUNTY.US