



AFFIDAVIT OF MAILING
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 499 (1-2024)

**STATE OF NORTH DAKOTA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**NOTIFICATION OF CHILD ABUSE)
 OR NEGLECT CASE DECISION)
)
)**

AFFIDAVIT OF MAILING

The undersigned certifies that a true and correct copy of the NOTIFICATION OF CASE DECISION was mailed, regular mail, on the ____ day of _____, 20 ____ to:

Signature