

NOTICE OF INTENT TO CIRCULATE STATEWIDE INITIATIVE OR REFERENDUM PETITION

State of Nevada



FILED NV SOS
2022 FEB 22 PM 2:57
Secretary of State Barbara K. Cegavske

Pursuant to NRS 295.015, before a petition for initiative or referendum may be presented to registered voters for signatures, the person who intends to circulate the petition must provide the following information:

NAME OF PERSON FILING THE PETITION

Melissa Clement

NAME(S) OF PERSON(S) AUTHORIZED TO WITHDRAW OR AMEND THE PETITION (provide up to three)

1. Melissa Clement

2. Kyle Stephens

3. Kathryn Rice

NAME OF THE POLITICAL ACTION COMMITTEE (PAC) ADVOCATING FOR THE PASSAGE OF THE INITIATIVE OR REFERENDUM (if none, leave blank)

Protect Our Girls

Please note, if you are creating a Political Action Committee for the purpose of advocating for the passage of the initiative or referendum, you must complete a separate PAC registration form.

Additionally, a copy of the initiative or referendum, including the description of effect, must be filed with the Secretary of State's office at the time you submit this form.

X 
Signature of Petition Filer

2/21/2022
Date

Explanation – Matter in ***bolded Italics*** is new; matter between brackets [~~omitted material~~] is language to be omitted.

The People of the State of Nevada do enact as follows:

NRS 126.036 is hereby amended to read as follows:

1. The liberty interest of a parent in the care, custody and management of the parent's child is a fundamental right, ***and includes the right to access and review all medical records of the child and to make and consent to all decisions regarding the physical and mental healthcare of the child.***
2. Nothing in this section shall be construed to:
 - (a) Authorize a parent to engage in any unlawful conduct or to abuse or neglect a child in violation of the laws of this State.
 - (b) Prohibit courts, law enforcement officers or employees of an agency which provides child welfare services from acting in their official capacity within the scope of their authority.
 - (c) ***Condone, authorize, approve, or apply to a parental action or decision that would end life or inflict serious bodily harm to the child.***
3. Except as otherwise provided by specific statute, the provisions of this section apply to any statute, local ordinance or regulation and the implementation of such statute, local ordinance or regulation regardless of whether such statute, local ordinance or regulation was adopted or effective before, on or after October 1, 2013.

DESCRIPTION OF EFFECT

The liberty interest of a parent in the care, custody and management of the parent's child is a fundamental right as recognized in Nevada Revised Statute 126.036. This initiative recognizes that medical decisions concerning a child rightly belong to that child's parents as part of the right and duty to care for the child. It adds language to protect a parent's right to access and review all medical records of the child and to make and consent to all decisions regarding the physical and mental healthcare of the child.

County of _____ (**Only** registered voters of this county may sign below)
 Petition District: _____ (**Only** registered voters of this petition district may sign below)

			This Space For Office Use Only
1	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	<div style="display: flex; justify-content: space-between;"> YOUR SIGNATURE DATE </div> <div style="text-align: center; margin-top: 10px;">/ /</div>	<div style="display: flex; justify-content: space-between;"> CITY COUNTY </div>	
2	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	<div style="display: flex; justify-content: space-between;"> YOUR SIGNATURE DATE </div> <div style="text-align: center; margin-top: 10px;">/ /</div>	<div style="display: flex; justify-content: space-between;"> CITY COUNTY </div>	
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Petition District _____

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	YOUR SIGNATURE	DATE / /	CITY	COUNTY	
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10	PRINT YOUR NAME (first name, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY	

AFFIDAVIT OF CIRCULATOR

(To be signed by the circulator in the presence of a notary public)

STATE OF NEVADA)

)

COUNTY OF _____)

I, _____, (print name), being first duly sworn under penalty of perjury, depose and say: (1) that I reside at _____
(print street, city and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4) that all signatures were affixed in my presence; (5) that the number of signatures affixed thereon is _____; and (6) that each person who signed had an opportunity before signing to read the full text of the act or resolution on which the initiative or referendum is demanded.

Signature of Circulator

Subscribed and sworn to or affirmed before me this
_____ day of _____ (month), 2022.

Notary Public or person authorized to administer oath