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NEW CLIENT INTAKE SHEET - ADOPTION OF ADULT

DATE: _____ REFERRED BY _____
OR Lawyer Referral & Information Service (LRIS)

ADOPTING PERSON/CLIENT NAME: _____

RELATIONSHIP TO ADULT TO BE ADOPTED: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ DATE MOVED TO CLARK COUNTY, NEVADA: _____

HOME ADDRESS: _____

Are You Older than the Adult to Be Adopted? YES/ NO Is Adopting Person married? YES/ NO

If married, will spouse consent to the adoption? YES/ NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) E-MAIL

NAME OF ADULT TO BE ADOPTED: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ DATE MOVED TO CLARK COUNTY, NEVADA: _____

HOME ADDRESS: _____

Is Adult to be Adopted married? YES/ NO If married, will spouse consent to the adoption? YES/ NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) E-MAIL

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone