

Telephone: (702) 265-4505

SHELLY BOOTH COOLEY,

E-mail: scooley@cooleylawlv.com

Attorney at Law 10161 Park Run Drive, Suite 150 Las Vegas, Nevada 89145

NEW CLIENT INTAKE SHEET - ADOPTION OF ADULT

DATE:	_ REFERRED BY		
	OR	☐ Lawyer Referral & Information Service (LRIS)	
ADOPTING PERSO	N/CLIENT NAME:		
RELATIONSHIP TO		PTED:	
		DATE OF BIRTH:	
DRIVERS LICENSE	NO:		
		WORK PHONE:	
CELL PHONE:		FAX:	
E-MAIL ADDRESS:		DATE MOVED TO CLARK COUNTY, NEVADA:	
HOME ADDRESS:			
Are You Older than	the Adult to Be Adopt	ed? □YES/□NO Is Adopting Person married? □YES/□NO	
If married, will spous	se consent to the ado	ption? □YES/□NO	
	N. AS SUCH, PLEAS	FFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL SE INDICATE YOUR PREFERRED MANNER OF RECEIPT: . MAIL (HOME) □ E-MAIL	
	0.05.4000750		
NAME OF ADULT T	O BE ADOPTED:		
		DATE OF BIRTH:	
SOCIAL SECURITY	NO:		
SOCIAL SECURITY DRIVERS LICENSE	NO:	DATE OF BIRTH:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE:	NO:	DATE OF BIRTH:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE:	NO:	DATE OF BIRTH:WORK PHONE:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE:	NO:	DATE OF BIRTH: WORK PHONE: FAX:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE: E-MAIL ADDRESS:	NO:	DATE OF BIRTH: WORK PHONE: FAX: DATE MOVED TO CLARK COUNTY, NEVADA:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE: E-MAIL ADDRESS: HOME ADDRESS:	NO:	DATE OF BIRTH: WORK PHONE: FAX: DATE MOVED TO CLARK COUNTY, NEVADA:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE: E-MAIL ADDRESS: HOME ADDRESS: LIS Adult to be Adopte COMMUNICA	NO:ed married? □YES/□ TION FROM THIS ON. AS SUCH, PLEAS	DATE OF BIRTH:WORK PHONE:FAX:DATE MOVED TO CLARK COUNTY, NEVADA:	
SOCIAL SECURITY DRIVERS LICENSE HOME PHONE: CELL PHONE: E-MAIL ADDRESS: HOME ADDRESS: LIS Adult to be Adopte COMMUNICA	NO:ed married? □YES/□ TION FROM THIS ON. AS SUCH, PLEAS	DATE OF BIRTH: WORK PHONE: FAX: DATE MOVED TO CLARK COUNTY, NEVADA: NO If married, will spouse consent to the adoption? □YES/□N FFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL SE INDICATE YOUR PREFERRED MANNER OF RECEIPT:	

Facsimile: (702) 645-9924