

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

<u>NEW CLIENT INTAKE SHEET -</u> <u>CHILD CUSTODY AND/OR VISITATION, PARENTAGE/PATERNITY, CHILD SUPPORT</u>

DATE:	RI	EFERR	ED B	Y				
			OR	□ <u>La</u>	wyer Referral &	Information Se	ervice (LRIS)	
CLIENT FULL L	EGAL N	IAME:_						
	CLIENT FULL LEGAL NAME:DATE OF BIRTH:							
DRIVERS LICEI	NSE NC	. AND	STAT	E:				
HOME PHONE:					WORK PH	HONE:		
CELL PHONE:					FAX:			
E-MAIL ADDRE	E-MAIL ADDRESS:							
DATE MOVED								
HOME ADDRES	SS:							
EMPLOYER:	EMPLOYER: OCCUPATION:							
WORK ADDRESS:								
GROSS MONTH	HLY INC	COME:						
x		=		х	52 weeks=	÷	12 months=	
Hourly Wage	Number of I		Weekly	Income		Annual Income		Gross Monthly Income
OR								
	÷	12 Mon	ths=					
Annual Income				Gross Monthly Income				
COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT: □ U.S. MAIL (HOME) □ U.S. MAIL (WORK) □ E-MAIL								
ADVERSE PARTY'S FULL LEGAL NAME:								
SOCIAL SECURITY NO:DATE OF BIRTH:								
DRIVERS LICENSE NO. AND STATE:								
HOME PHONE: WORK PHONE:								
CELL PHONE: FAX: FAX:								
E-MAIL ADDRE	SS:							

Facsimile: (702) 645-9924

DATE MOVED	TO CLAI	RK CO	UNTY,	NEVAD	A:				
HOME ADDRES	SS:								
EMBLOVED					000	LIDATION			
	MPLOYER:OCCUPATION:OCCUPATION:								
WORK ADDRE	88:								
GROSS MONTI	HLY INC								
X Hourly Wage	Number of H Worked Per		Weekly Ir	X ncome	52 weeks=	÷ Annual Income	12 months =	Gross Monthly Income	
OR									
Annual Income	÷	12 Mon		Gross Month	sly Incomo				
Annual income			<u> </u>	Oross World	ny moome				
DATE OF DISS	OLUTIO	N OF I	MARRI	AGE/DC	MESTIC PAR	TNERSHIP	OR 🗆	Not Applicable	
NAME OF COU	RT:								
COUNTY AND	STATE (OF CO	URT:						
ARE YOU AND	THE AD	VERS	E PAR	TY LIVIN	IG TOGETHER	R NOW? 🗖 YES	S □ NO		
IF NO, S	SEPARA	TION	DATE:						
PREVIOUS MA NAME OF FOR									
DISSOLVED BY	/: □ Dea	ath [□ Divor	ce 🗆 /	Annulment				
DATE OF MARI	RIAGE: _			U	NTIL:				
NAME OF FOR	MER SP	OUSE	/DOME	STIC P	ARTNER :				
DISSOLVED BY	∕: □ Dea	ath [□ Divor	ce 🗆 /	Annulment				
DATE OF MARI	RIAGE: _			U	NTIL:				
INFORMATION	REGAR	RDING	CHILD	(REN):					
FULL LEGAL N	<u>AME 1</u> : _							SEX: M/F	
DATE OF BIRT	DATE OF BIRTH/AGE: SOCIAL SECURITY NO.:								
IS BIOLOGICAL	FATHE	R/PAR	RENT L	ISTED (ON CHILD'S BI	RTH CERTIFIC	CATE? I YES	□ NO	
DATE MOVED	TO CLAI	RK CO	UNTY,	NEVAD	A:				
SCHOOL NAME	Ξ:				GR	ADE:			
TEACHER:									
FULL LEGAL N									
IS BIOLOGICAL									
DATE MOVED	TO CLAI	RK CO	UNTY,	NEVAD	A:				
SCHOOL NAME	Ξ:				GR	ADE:			
TEACHER:									

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Name	(First, Last)	Relationship	Address	7	Telephone
EMER	GENCY CONTACT	:			
ОТНЕ	R INFORMATION	OU WISH TO BRING TO	MY ATTENTION:		
WHAT		THINGS THE ADVERSI	E PARTY MIGHT ALL	EGE AGAINST Y	OU (TRUE OR
TEAC	HER:				
SCHO	OL NAME:		GRADE:		
DATE	MOVED TO CLARI	K COUNTY, NEVADA:			
IS BIC	LOGICAL FATHER	/PARENT LISTED ON CI	HILD'S BIRTH CERTI	FICATE? YES	□ NO
DATE	OF BIRTH/AGE:		SOCIAL SECURITY	′ NO.:	
FULL	LEGAL NAME 3:				SEX: M/F