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**NEW CLIENT INTAKE SHEET -**  
**CHILD CUSTODY AND/OR VISITATION, PARENTAGE/PATERNITY, CHILD SUPPORT**

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

CLIENT FULL LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NO. AND STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

GROSS MONTHLY INCOME:

_____ X Hourly Wage	_____ = Number of Hours Worked Per Week	_____ X Weekly Income	52 weeks =	_____ ÷ Annual Income	12 months =	_____ = Gross Monthly Income
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OR

_____ ÷ Annual Income	12 Months =	_____ = Gross Monthly Income
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*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: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

GROSS MONTHLY INCOME:

_____ X Hourly Wage	_____ = Number of Hours Worked Per Week	_____ X Weekly Income	52 weeks =	_____ ÷ Annual Income	12 months =	_____ / Gross Monthly Income
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OR

_____ ÷ Annual Income	12 Months =	_____ / Gross Monthly Income
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DATE OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP \_\_\_\_\_ OR  Not Applicable

NAME OF COURT: \_\_\_\_\_

COUNTY AND STATE OF COURT: \_\_\_\_\_

ARE YOU AND THE ADVERSE PARTY LIVING TOGETHER NOW?  YES  NO

IF NO, SEPARATION DATE: \_\_\_\_\_

**PREVIOUS MARRIAGES/DOMESTIC PARTNERSHIPS:**  Not Applicable

NAME OF FORMER SPOUSE/DOMESTIC PARTNER : \_\_\_\_\_

DISSOLVED BY:  Death  Divorce  Annulment

DATE OF MARRIAGE: \_\_\_\_\_ UNTIL: \_\_\_\_\_

NAME OF FORMER SPOUSE/DOMESTIC PARTNER : \_\_\_\_\_

DISSOLVED BY:  Death  Divorce  Annulment

DATE OF MARRIAGE: \_\_\_\_\_ UNTIL: \_\_\_\_\_

**INFORMATION REGARDING CHILD(REN):**

FULL LEGAL NAME 1: \_\_\_\_\_ SEX: M/F

DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

IS BIOLOGICAL FATHER/PARENT LISTED ON CHILD'S BIRTH CERTIFICATE?  YES  NO

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

FULL LEGAL NAME 2: \_\_\_\_\_ SEX: M/F

DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

IS BIOLOGICAL FATHER/PARENT LISTED ON CHILD'S BIRTH CERTIFICATE?  YES  NO

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

FULL LEGAL NAME 3: \_\_\_\_\_ SEX: M/F

DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

IS BIOLOGICAL FATHER/PARENT LISTED ON CHILD'S BIRTH CERTIFICATE?  YES  NO

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

**WHAT ARE THE WORST THINGS THE ADVERSE PARTY MIGHT ALLEGE AGAINST YOU (TRUE OR NOT):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

Name (First, Last)	Relationship	Address	Telephone