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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:

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone
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