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NEW CLIENT INTAKE SHEET - DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP

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 MARRIAGE/REGISTRATION: _____ OR Not Applicable

LOCATION OF MARRIAGE (City & State): _____

ARE YOU AND YOUR SPOUSE/DOMESTIC PARTNER LIVING TOGETHER NOW? YES NO

IF NO, SEPARATION DATE: _____

DO YOU/ADVERSE PARTY WANT MAIDEN NAME RESTORED? YES NO Not Applicable

MAIDEN NAME: _____

DID YOU AND ADVERSE PARTY ENTER INTO A PREMARITAL/POSTMARITAL/COHABITATION AGREEMENT? YES NO (If "yes," please provide copy.)

DO YOU AND/OR ADVERSE PARTY HAVE A TRUST? YES NO (If "yes," please provide copy.)

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): Not Applicable

FULL LEGAL NAME 1: _____ SEX: M/F

DATE OF BIRTH/AGE: _____ SOCIAL SECURITY 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.: _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

FULL LEGAL NAME 3: _____ SEX: M/F

DATE OF BIRTH/AGE: _____ SOCIAL SECURITY 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

ASSETS:

Description of Asset	Gross Value of Asset	Total Owed	Net Value	Name on Asset

