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NEW CLIENT INTAKE SHEET - GENERAL

DATE: _____ REFERRED BY: _____

OR Lawyer Referral & Information Service (LRIS)

MATTER TYPE:

- Premarital Agreement; Domestic Partnership; Dissolution of Marriage/Domestic Partnership; Child Custody and/or Visitation; Parentage/Paternity; Adoption of Child/Adult; Termination of Parental Rights; Emancipation of Minor; Child Support; Guardianship of Child/Adult; Name Change of Child/Adult; Relocation out of the State of Nevada with Child; Assisted Reproductive Technologies (ART)

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/WEDDING DATE: _____ OR Not Applicable

LOCATION OF MARRIAGE/WEDDING (City & State): _____

ARE YOU AND YOUR SPOUSE/SIGNIFICANT OTHER LIVING TOGETHER NOW? YES NO

IF NO, SEPARATION DATE: _____

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

MAIDEN NAME: _____

IF YOU ARE ALREADY DIVORCED FROM THE OTHER PARTY, DATE OF DIVORCE: _____

PREVIOUS MARRIAGES: Not Applicable

NAME OF FORMER SPOUSE: _____

DISSOLVED BY: Death Divorce Annulment

DATE OF MARRIAGE: _____ UNTIL: _____

NAME OF OTHER FORMER SPOUSE: _____

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 OTHER SIDE MIGHT ALLEGE AGAINST YOU (TRUE OR NOT):

OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone