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NEW CLIENT INTAKE SHEET - GUARDIANSHIP OF CHILD

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

In your own words, please briefly explain why you are seeking guardianship of the child(ren):

PROPOSED GUARDIAN 1 FULL LEGAL

NAME: _____

RELATIONSHIP TO

CHILD(REN): _____

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:

RESIDENCE

ADDRESS: _____

EMPLOYER: _____ OCCUPATION:

_____ WORK ADDRESS:

Yes No Have you ever been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person?

Yes No Have you ever been convicted of a felony?

- Yes No Have you ever been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state?
- Yes No Are you a private professional guardian?
- Yes No Are you currently receiving compensation for services as a guardian to more than one ward who is not related to you by blood or marriage?
- Yes No Did the child(ren)'s parent execute a written nomination of guardian?
- Yes No Is the guardianship sought as a result of an investigation conducted pursuant to Chapter 432B of the Nevada Revised Statutes?
- Yes No Is the guardianship sought for the purpose of initiating litigation?
- Yes No Have you ever been appointed as guardian over the child(ren) in a state other than Nevada?

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

PROPOSED GUARDIAN 2 FULL LEGAL NAME: _____

RELATIONSHIP TO CHILD(REN): _____

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: _____

RESIDENCE ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

- Yes No Have you ever been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person?
- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state?
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- U.S. MAIL (HOME) U.S. MAIL (WORK) E-MAIL

INFORMATION REGARDING CHILD(REN):

FULL LEGAL NAME 1: _____ SEX: M/F

DATE OF BIRTH/AGE: _____ SOCIAL SECURITY NO.: _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

RESIDENCE ADDRESS: _____

IF CHILD IS 14 YEARS OR OLDER, CONSENT TO GUARDIANSHIP? Yes/No/Not Applicable

- Yes No Does the child have assets? If yes, Type and Value:
- Yes No Does the child have income? If yes, Type and Value:
- Yes No Does the child receive any money from the Department of Veterans Affairs? If yes, amount?
- Yes No Is the child a party to any pending criminal or civil litigation?

FULL LEGAL NAME 2: _____ SEX: M/F

DATE OF BIRTH/AGE: _____ SOCIAL SECURITY NO.: _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

RESIDENCE ADDRESS: _____

IF CHILD IS 14 YEARS OR OLDER, CONSENT TO GUARDIANSHIP? Yes/No/Not Applicable

- Yes No Does the child have assets? If yes, Type and Value:
- Yes No Does the child have income? If yes, Type and Value:
- Yes No Does the child receive any money from the Department of Veterans Affairs? If yes, amount?
- Yes No Is the child a party to any pending criminal or civil litigation?

FULL LEGAL NAME 3: _____ SEX: M/F

DATE OF BIRTH/AGE: _____ SOCIAL SECURITY NO.: _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

RESIDENCE ADDRESS: _____

IF CHILD IS 14 YEARS OR OLDER, CONSENT TO GUARDIANSHIP? Yes/No/Not Applicable

- Yes No Does the child have assets? If yes, Type and Value:
- Yes No Does the child have income? If yes, Type and Value:
- Yes No Does the child receive any money from the Department of Veterans Affairs? If yes, amount?
- Yes No Is the child a party to any pending criminal or civil litigation?

INFORMATION REGARDING THE CHILD(REN)'S RELATIVES

CHILD(REN)'S **MOTHER/PARENT** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

Yes No Is the child(ren)'s Mother/Parent able to care for the child(ren)? If no, please explain:

Yes No Will Child(ren)'s Mother/Parent Consent to Guardianship?

CHILD(REN)'S **FATHER/PARENT** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

Yes No Is the child(ren)'s Father/Parent able to care for the child(ren)? If no, please explain:

Yes No Will Child(ren)'s Father/Parent Consent to Guardianship?

IF IDENTIFY OF CHILD(REN)'S FATHER/PARENT IS UNKNOWN:

Yes No Is Father/Parent On Child(ren)'s Birth Certificate?

Yes No Is there a Court Order for child support?

Yes No Is there a Finding of paternity by a court?

Yes No Is there a Court Order for custody?

CHILD(REN)'S **MATERNAL GRANDMOTHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CHILD(REN)'S **MATERNAL GRANDFATHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CHILD(REN)'S **PATERNAL GRANDMOTHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CHILD(REN)'S **PATERNAL GRANDFATHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CHILD(REN)'S **SIBLINGS WHO ARE 14 YEARS OF AGE OR OLDER:**

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:

EMERGENCY CONTACT:

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