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**NEW CLIENT INTAKE SHEET - NAME CHANGE OF CHILD**

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

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

RELATIONSHIP TO CHILD: \_\_\_\_\_

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: \_\_\_\_\_

- Yes  No Has Client Been Convicted of a Felony?  
 Yes  No Is Client Changing Child(ren)'s Name to Defraud Creditors or Some Other  
Fraudulent Reason?

*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

MOTHER/PARENT 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: \_\_\_\_\_

WILL MOTHER/PARENT CONSENT TO NAME CHANGE?  Yes/ No

FATHER/PARENT 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: \_\_\_\_\_

WILL FATHER/PARENT CONSENT TO NAME CHANGE? Yes/No

**INFORMATION REGARDING CHILD(REN):**

FULL LEGAL NAME 1: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_ COUNTY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_  
DATE BEGAN RESIDING IN CLARK COUNTY, NEVADA: \_\_\_\_\_  
NEW NAME (FIRST MIDDLE LAST): \_\_\_\_\_  
REASON FOR NAME CHANGE: \_\_\_\_\_

- Yes  No Has Child Been Convicted of a Felony?  
 Yes  No Is Child Changing Name to Defraud Creditors or Some Other Fraudulent Reason?

FULL LEGAL NAME 2: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_ COUNTY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_  
DATE BEGAN RESIDING IN CLARK COUNTY, NEVADA: \_\_\_\_\_  
NEW NAME (FIRST MIDDLE LAST): \_\_\_\_\_  
REASON FOR NAME CHANGE: \_\_\_\_\_

- Yes  No Has Child Been Convicted of a Felony?  
 Yes  No Is Child Changing Name to Defraud Creditors or Some Other Fraudulent Reason?

FULL LEGAL NAME 3: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_ COUNTY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_  
DATE BEGAN RESIDING IN CLARK COUNTY, NEVADA: \_\_\_\_\_  
NEW NAME (FIRST MIDDLE LAST): \_\_\_\_\_  
REASON FOR NAME CHANGE: \_\_\_\_\_

- Yes  No Has Child Been Convicted of a Felony?  
 Yes  No Is Child Changing Name to Defraud Creditors or Some Other Fraudulent Reason?

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

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**EMERGENCY CONTACT:**

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Name (First, Last)	Relationship	Address	Telephone
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