

SHELLY BOOTH COOLEY,

Attorney at Law 10161 Park Run Drive, Suite 150 Las Vegas, Nevada 89145

NEW CLIENT INTAKE SHEET - NAME CHANGE OF CHILD

DATE:	REFERRED BY_					
	OR	☐ Lawyer Referral & Information Service (LRIS)				
CLIENT FULL LEGA	L 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: _						
 □ Yes □ No □ Yes □ No □ Solient 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 F	FULL LEGAL NAM	E:				
SOCIAL SECURITY NO.:		DATE OF BIRTH:				
DRIVERS LICENSE	NO. AND STATE:					
		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						

Telephone: (702) 265-4505 Facsimile: (702) 645-9924 E-mail: scooley@cooleylawlv.com

	L NAME:	
SOCIAL SECURITY NO:	DATE OF B	IRTH:
DRIVERS LICENSE NO. AND S	STATE:	
	WORK PHONE:	
CELL PHONE:	FAX:	
E-MAIL ADDRESS:		
DATE MOVED TO CLARK COL	JNTY, NEVADA:	
	ENT TO NAME CHANGE? □Yes/□No	
INFORMATION REGARDING O	CHILD(REN):	
FULL LEGAL NAME 1:		SEX: M/F
DATE OF BIRTH/AGE:	SOCIAL SECURIT	Y NO.:
CITY OF BIRTH:	COUNTY OF BIRTH:	STATE OF BIRTH:
DATE BEGAN RESIDING IN CL	LARK COUNTY, NEVADA:	
NEW NAME (FIRST MIDDLE LA	AST):	
REASON FOR NAME CHANGE	E:	
Reason?		
FULL LEGAL NAME 2:	SOCIAL SECURIT	
FULL LEGAL NAME 2:	SOCIAL SECURIT	Y NO.:
FULL LEGAL NAME 2: DATE OF BIRTH/AGE: CITY OF BIRTH:	SOCIAL SECURIT	Y NO.: STATE OF BIRTH:
FULL LEGAL NAME 2: DATE OF BIRTH/AGE: CITY OF BIRTH: DATE BEGAN RESIDING IN CL	SOCIAL SECURIT COUNTY OF BIRTH: LARK COUNTY, NEVADA:	Y NO.: STATE OF BIRTH:
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OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:						
EMERGENCY CONTACT:						
Name (First, Last)	Relationship	Address	Telephone			