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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:

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone
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