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**NEW CLIENT INTAKE SHEET - ADOPTION OF MINOR CHILD(REN)**

DATE: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

OR  Lawyer Referral & Information Service (LRIS)

CLIENT 1 NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ EVER CONVICTED OF A FELONY?  YES/ NO

HOME ADDRESS: \_\_\_\_\_

DATE MOVED TO CLARK COUNTY, 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

CLIENT 2 NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ EVER CONVICTED OF A FELONY?  YES/ NO

HOME ADDRESS: \_\_\_\_\_

DATE MOVED TO CLARK COUNTY, 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

**BIOLOGICAL MOTHER/PARENT INFORMATION:**

FULL LEGAL NAME: \_\_\_\_\_  
CONSENT TO ADOPTION? YES/NO/UNKNOWN  
DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

**BIOLOGICAL FATHER/PARENT INFORMATION:**

FULL LEGAL NAME: \_\_\_\_\_  
CONSENT TO ADOPTION? YES/NO/UNKNOWN  
DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ ON CHILD(REN)'S BIRTH CERTIFICATE? YES/NO

**INFORMATION REGARDING CHILD(REN):**

FULL LEGAL NAME 1: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_  
IS CHILD KNOWN TO BE NATIVE AMERICAN? YES/NO  
DESIRED NAME CHANGE: \_\_\_\_\_

FULL LEGAL NAME 2: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_  
IS CHILD KNOWN TO BE NATIVE AMERICAN? YES/NO  
DESIRED NAME CHANGE: \_\_\_\_\_

FULL LEGAL NAME 3: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

IS CHILD KNOWN TO BE NATIVE AMERICAN? YES/NO

DESIRED NAME CHANGE: \_\_\_\_\_

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

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**EMERGENCY CONTACT:**

Name (First, Last)	Relationship	Address	Telephone
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