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INTAKE SHEET - PARENTING COORDINATOR SERVICES

DATE: _____ REFERRED BY Judge _____

PARTY FULL LEGAL NAME (as appears on passport): _____

SSN.: _____ SEX: _____ GENDER: _____ PREFERRED PRONOUNS: _____

DATE OF BIRTH: _____ Marital Status: Married Registered Domestic Partner Unmarried/Single

IF PARTY REMARRIED, NAME OF SPOUSE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

GROSS MONTHLY INCOME:

_____ X	_____ =	_____ X	52 weeks=	_____ ÷	12 months=	_____
Hourly Wage	Number of Hours Worked Per Week	Weekly Income		Annual Income		Gross Monthly Income

OR

_____ ÷	12 Months=	_____
Annual Income		Gross Monthly Income

NAME OF PARTY'S ATTORNEY: _____

OTHER PARTY'S FULL LEGAL NAME: _____

NAME OF OTHER PARTY'S ATTORNEY: _____

DATE OF DECREE: _____ OR Not Applicable

Physical Custody Designation: Joint Physical Custody
 Primary _____ /Secondary _____

Child Support: No Child Support paid to either party
 _____ pays child support to _____
 (Amount: \$ _____)

INFORMATION REGARDING CHILD(REN):

FULL LEGAL NAME 1: _____ SEX: M/F

DATE OF BIRTH: _____ AGE: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

Special Needs (If so, please describe _____)

FULL LEGAL NAME 2: _____ SEX: M/F

DATE OF BIRTH: _____ AGE: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

Special Needs (If so, please describe _____)

FULL LEGAL NAME 3: _____ SEX: M/F

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

DATE MOVED TO CLARK COUNTY, NEVADA: _____

SCHOOL NAME: _____ GRADE: _____

TEACHER: _____

Special Needs (If so, please describe _____)

WHAT ARE THE WORST THINGS THE OTHER PARTY MIGHT ALLEGE AGAINST YOU (TRUE OR NOT):

OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:

EMERGENCY CONTACT:

Name (First, Last) Relationship Address Telephone