



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

NEW CLIENT INTAKE SHEET - RELINQUISHMENT/ADOPTION

DATE: _____ REFERRED BY _____

CLIENT 1:

FULL LEGAL NAME (as appears on passport):

FIRST _____ MIDDLE _____ LAST _____

LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN): _____

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

DATE OF BIRTH: _____ PLACE OF BIRTH (STATE AND COUNTRY): _____

RELATIONSHIP TO CHILD(REN): _____ Adoptive Parent

DRIVERS LICENSE NO: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ STATE & COUNTY OF RESIDENCE: _____

HOME ADDRESS: _____

_____ INSIDE CITY LIMITS? YES NO

ARE YOU RECEIVING PUBLIC ASSISTANCE? YES/ NO

CLIENT 2:

FULL LEGAL NAME (as appears on passport):

FIRST _____ MIDDLE _____ LAST _____

LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN): _____

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

DATE OF BIRTH: _____ PLACE OF BIRTH (STATE AND COUNTRY): _____

RELATIONSHIP TO CHILD(REN): _____ Adoptive Parent

DRIVERS LICENSE NO: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ STATE & COUNTY OF RESIDENCE: _____

HOME ADDRESS: _____

_____ INSIDE CITY LIMITS? YES NO

ARE YOU RECEIVING PUBLIC ASSISTANCE? YES/ NO

Marital Status of Client(s):

Married Registered Domestic Partner Unmarried, Committed Relationship Unmarried/Single

DATE OF MARRIAGE/REGISTRATION: _____

BIOLOGICAL MOTHER/PARENT INFORMATION:

FULL LEGAL NAME: _____

CONSENT TO TERMINATION OF PARENTAL RIGHTS? YES/NO/UNKNOWN NOT APPLICABLE

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 TERMINATION OF PARENTAL RIGHTS? YES/NO/UNKNOWN NOT APPLICABLE

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

OTHER PUTATIVE FATHERS? YES/NO IF YES, PLEASE PROVIDE:

FULL LEGAL NAME: _____

CONSENT TO TERMINATION OF PARENTAL RIGHTS? YES/NO/UNKNOWN NOT APPLICABLE

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 (as appears on birth certificate): _____

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

DATE OF BIRTH: _____ PLACE OF BIRTH (STATE AND COUNTRY): _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

OR IF UNBORN CHILD, DUE DATE? _____

WHAT CITY/COUNTY WILL CHILD BE BORN? _____

IS CHILD KNOWN TO BE NATIVE AMERICAN? YES/NO

IS CHILD RECEIVING PUBLIC ASSISTANCE? YES/NO

FULL LEGAL NAME 2 (as appears on birth certificate): _____

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

DATE OF BIRTH: _____ PLACE OF BIRTH (STATE AND COUNTRY): _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

OR IF UNBORN CHILD, DUE DATE? _____

WHAT CITY/COUNTY WILL CHILD BE BORN? _____

IS CHILD KNOWN TO BE NATIVE AMERICAN? YES/NO

IS CHILD RECEIVING PUBLIC ASSISTANCE? YES/NO

GROUND FOR TERMINATING PARENTAL RIGHTS:

- The best interests of the child would be served by the termination of parental rights; **AND**
- The conduct of the parent or parents was the basis for a finding made pursuant to subsection 3 of NRS 432B.393 or demonstrated at least one of the following:
 - Abandonment of the child;
 - Neglect of the child;
 - Unfitness of the parent;
 - Failure of parental adjustment;
 - Risk of serious physical, mental or emotional injury to the child if the child were returned to, or remains in, the home of his or her parent or parents;
 - Only token efforts by the parent or parents:
 - To support or communicate with the child;
 - To prevent neglect of the child;
 - To avoid being an unfit parent; or
 - To eliminate the risk of serious physical, mental or emotional injury to the child; or
 - With respect to termination of the parental rights of one parent, the abandonment by that parent.

INFORMATION REGARDING ADOPTION:

Name of Adoption Attorney: _____

Telephone Number of Adoption Attorney: _____

State where Child(ren) will be Adopted: _____

Name of Nevada Agency: _____

Agency Contact and Telephone Number: _____

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone
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