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NEW CLIENT INTAKE SHEET - TERMINATION OF PARENTAL RIGHTS

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: _____ DATE MOVED TO CLARK COUNTY, NEVADA: _____

HOME ADDRESS: _____

ARE YOU RECEIVING PUBLIC ASSISTANCE? YES/ NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) 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: _____ DATE MOVED TO CLARK COUNTY, NEVADA: _____

HOME ADDRESS: _____

ARE YOU RECEIVING PUBLIC ASSISTANCE? YES/ NO

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) E-MAIL

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

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
IS CHILD RECEIVING PUBLIC ASSISTANCE? YES/NO

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
IS CHILD RECEIVING PUBLIC ASSISTANCE? YES/NO

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
IS CHILD RECEIVING PUBLIC ASSISTANCE? YES/NO

GROUNDNS 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.

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone
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