

# Client Information

Is there an existing case?  No  Yes: Case No.: \_\_\_\_\_

How did you hear about us?  Internet  Friend/Referral  Billboard  Radio  Repeat  Other: \_\_\_\_\_

CLIENT INFORMATION		
First Name:	Middle (FULL): <input type="checkbox"/> None	Last:
Address:		
City:	State:	Zip/Postal Code:
Mobile Phone:	Date of Birth:	When did you move to Nevada?
Personal Email Address (NOT work or school):		
Employer:	Occupation:	Gross Monthly Salary:
Date Married: <input type="checkbox"/> Never Married	Place of Marriage (City & State):	Date of Separation/Divorce:
What are you here for? <input type="checkbox"/> Divorce <input type="checkbox"/> Custody <input type="checkbox"/> Modify Existing Custody/Support <input type="checkbox"/> Other (specify):		
What do you hope to achieve with this action?:		

<b>*** OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE ***</b>
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Date of Consult: _____	Consult with: <input type="checkbox"/> John <input type="checkbox"/> Alyssa <input type="checkbox"/> Other: _____
Hearing(s) to be Calendared: _____	
Documents / Pleadings Due: _____	
Price Quote: _____	To include: <input type="checkbox"/> Comp/Answer <input type="checkbox"/> Motion/Opp <input type="checkbox"/> _____ Hearings
Other: _____	

PAYMENTS & FEES
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<b>Filing Fees:</b> <input type="checkbox"/> \$35 Motion <input type="checkbox"/> \$350 Divorce/Custody NEW <b>Service:</b> <input type="checkbox"/> \$75 Clark County <input type="checkbox"/> \$200 Out of Clark Co. Deposit <input type="checkbox"/> \$200 Skip Trace Deposit <input type="checkbox"/> \$100 Publication (in town)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 2px;">PAYMENT TERMS</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Pmt</td> <td style="padding: 2px;">Pmt</td> </tr> <tr> <td style="padding: 2px;">Date: \$ _____</td> <td style="padding: 2px;">Date: \$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt</td> <td style="padding: 2px;">Pmt</td> </tr> <tr> <td style="padding: 2px;">Date: \$ _____</td> <td style="padding: 2px;">Date: \$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt</td> <td style="padding: 2px;">Pmt</td> </tr> <tr> <td style="padding: 2px;">Date: \$ _____</td> <td style="padding: 2px;">Date: \$ _____</td> </tr> <tr> <td style="padding: 2px;">Pmt</td> <td style="padding: 2px;">Pmt</td> </tr> <tr> <td style="padding: 2px;">Date: \$ _____</td> <td style="padding: 2px;">Date: \$ _____</td> </tr> </tbody> </table>	PAYMENT TERMS		Pmt	Pmt	Date: \$ _____	Date: \$ _____	Pmt	Pmt	Date: \$ _____	Date: \$ _____	Pmt	Pmt	Date: \$ _____	Date: \$ _____	Pmt	Pmt	Date: \$ _____	Date: \$ _____
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Date: \$ _____	Date: \$ _____																		
<b>Outstanding Balance:</b> <input type="checkbox"/> PAID IN FULL																			

ADMINISTRATIVE
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Intake Date: _____	Intake By: _____	Closed Date/By: _____
<input type="checkbox"/> QB <input type="checkbox"/> Retainer <input type="checkbox"/> Amicus	<input type="checkbox"/> FDF <input type="checkbox"/> Auto Payments	<input type="checkbox"/> Conflict Check

**Complete for Name Change ONLY: (please complete separate sheet for each person)**

This name change is for:  Self  Spouse  Child(ren)

For child name change - are you the legal parent?  Yes  No

Will the other parent sign off on the name change?  Yes  No

What do you want to change your name **TO**:

First:	Middle: <input type="checkbox"/> No Middle Name Listed on Birth Cert.	Last:
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This name is on your:  None  Birth Cert.  SS Card  Driver's License

What do you want to change your name **FROM**:

First:	Middle: <input type="checkbox"/> No Middle Name Listed on Birth Cert.	Last:
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This name is on your:  None  Birth Cert.  SS Card  Driver's License

What do you want to change your name **FROM** (if different from above):

First:	Middle: <input type="checkbox"/> No Middle Name Listed on Birth Cert.	Last:
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This name is on your:  None  Birth Cert.  SS Card  Driver's License

What is the reason for changing your name?

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Where were you born?

City:	State:
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When did you move to Clark County?

Month:	Year:
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**Have you ever been convicted of a Felony?**  No  Yes: please complete below

State	City/County	Court	Case Number	Charge

**For Minors:**

FROM - First:	Middle:	Last:
TO - First:	Middle:	Last:
Date of Birth:	City & State of Birth:	Moved to Clark County: <input type="checkbox"/> Not Applicable

FROM - First:	Middle:	Last:
TO - First:	Middle:	Last:
Date of Birth:	City & State of Birth:	Moved to Clark County: <input type="checkbox"/> Not Applicable

FROM - First:	Middle:	Last:
TO - First:	Middle:	Last:
Date of Birth:	City & State of Birth:	Moved to Clark County: <input type="checkbox"/> Not Applicable