



Forensic Intake Form

Date: _____ **Office Phone:** _____

Attorney: _____ **Cell Phone:** _____

Firm: _____ **Fax Number:** _____

Address: *Street, Ste/Unit#* _____ **Zip Code:** _____
City: _____

Referral Source: Plaintiff/Prosecutor Defendant/Defense
Amicus Curia Court Appointed

Anticipated Trial Date: _____ **Judge:** _____
Asst./Secy to Attorney: _____ **Court:** _____

Facts: _____

Questions: _____

Administrative Use Only

Fee:	Retainer:	Balance:
Discuss Fee Structure		Suggest Retrieval of Records
Request Initial Letter		Discuss Pretrial Meeting
- (Designate as a Consultant)		Confirming Letter Received
- (Fees paid on a 30-day Schedule)		First Appointment Scheduled
- (Will send agreement letter)		CV Sent