Forensic Intake Form

Date:

Office Phone:

Attorney:

Cell Phone:

Firm:

Fax Number:

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

Referral Source:

- ☐ Plaintiff/Prosecutor
- ☐ Defendant/Defense
- ☐ Amicus Curia
- ☐ Court Appointed

Anticipated Trial Date:

Judge:

Asst./Secry to Attorney:

Court:

Facts:

Questions:

Administrative Use Only

Fee: Retainer: Balance:

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

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