Attorney Legal Case Intake Form – Prior to purchase of service

(Expert Witness Services)**

Section 1 — Attorney / Law Firm Information

- Attorney Name: _____
- Law Firm: _____
- Title / Role: _____
- Email Address: _____
- Direct Phone Number: _____
- Firm Address: _____
- Preferred Method of Contact: Phone / Email

Section 2 — Case Identification

- Case Name / Reference: _____
- Court Case Number: _____
- Case Type: Plaintiff or Respondent
- Jurisdiction: _____
- Case Status: Pre-litigation / Active litigation / Administrative action / Appeal / Mediation
- Filing Deadlines or Time-Sensitive Requirements (if any):

Section 3 — Parties Involved

(Do not include confidential or sensitive details beyond what is necessary to identify the parties.)

- Client / Represented Party: _____
- Opposing Party / Facility / Entity: _____
- Additional Parties (if applicable): _____

Section 4 — Nature of the Matter

(High-level description only. Do not upload confidential records at this stage.)

Brief Summary of the Issue: _____

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- Primary Questions or Areas Where Expert Assistance Is Requested:
    - Gaps in Regulatory Interpretation
    - Standard of care Expert analysis Report of which include Review of records
    - Testimony
    - Other (describe):

Section 5 — Requested Scope of Expert Services

Please select all that apply:

- ☐ Preliminary case review / consultation
- ☐ Expert Analysis Report
- ☐ Expert declaration or affidavit – Statement of Qualification is provided in the report
- ☐ Deposition testimony
- ☐ Trial testimony
- ☐ Facility operations assessment
- ☐ Other (describe):

Section 6 — Materials Available for Review

(Do not upload confidential records until instructed. Identify categories only.)

- ☐ Licensing reports with citation pages
- ☐ Care plans / assessments
- ☐ Staff records
- ☐ Facility procedures and policies
- ☐ Medical or clinical records
- ☐ Photographs / videos
- ☐ Correspondence
- ☐ Other (describe):

Section 7 — Deadlines and Scheduling

- Requested timeline for initial review:
- Upcoming hearings, conferences, or filing deadlines:
- Preferred timeframe for expert engagement of completion of work:

Section 8 — Conflict-of-Interest Screening

(Required before any engagement.)

- Names of all parties involved: _____
- Names of facilities or agencies involved: _____
- Any prior involvement you are aware of: _____

Section 9 — Additional Notes

Other information you believe is relevant for determining scope and suitability:

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Acknowledgment

By submitting this form, you acknowledge the following:

- This intake form is used solely for the purposes of initial contact, verifying review of the FAQ, confirming acceptance of the Terms and Conditions, and documenting internal notes necessary to determine whether the matter is appropriate for expert-witness services.
- Submission of this form does not create an expert-witness relationship or guarantee availability.
- Confidential or sensitive records should not be submitted until formally requested following conflict-of-interest clearance, security measures, and execution of a service agreement.
- By proceeding to purchase any service, you affirm that you have reviewed the FAQ and accepted the Terms and Conditions in full.

Print Name: _____

Law Firm: _____

Signature: _____