



RICHARD S. ADLER, M.D. & ASSOCIATES, PLLC

Forensic & Clinical Psychiatry

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Date:

Name of Person Completing Intake:

**Contact Information**

Name of Attorney:

Law Firm:

Phone Number:

Email Address:

**How were you referred to our office?**

**Case Information**

The case is:    Civil       Criminal    Case Caption & Number:

Presiding Judge:

Case Synopsis:

**Please list important dates (scheduled hearings, discovery cutoff, etc.):**

**Why are you seeking a forensic psychiatric evaluation for your client?**

**Opposing Party Information (Attorney name, law firm, opposing experts):**

**Please include any other information you think may be relevant to Dr. Adler at this time:**

Please submit this form along with the relevant Complaint for Damages or Criminal Complaint