



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