

FORENSIC INTAKE Caller _____ phone _____

Case Name _____ v _____

Referral type defense plaintiff prosecution court appointment juvenile advisory

Source Private PD JPD DFS DCFS Special PD NYP Judge _____

Type of case

[-] Civil

Personal injury

Custody

Parental fitness

Guardianship of senior

Competency contract/will

Fitness Duty/return to work _____

[-] Criminal

Sentencing/mitigation

Safety to the community

Juvenile Certification

State of mind at the charge

Competency for trial/attorney

[-] Clinical [-] recommendations

Treatment Diagnosis 2nd opinion

Placement

BOP

Workman's comp

Other _____

Work type/ DUE DATES (check all that apply)

[-] Examination to be determined No examination, record review only

Name _____ relationship _____ Date _____ Location _____

Name _____ relationship _____ Date _____ Location _____

Name _____ relationship _____ Date _____ Location _____

Record review due by _____ To be determined Estimate number of pages or inches _____

Report type

Letter/brief report due by _____ To be determined

Full report due by _____ To be determined

Testimony

Deposition date _____ To be determined

Hearing/court date _____ To be determined

NO INFORMATION (speak with Dr. Roitman first)

CONTACT INFORMATION

Referring attorney: _____ primary contact same _____

phone W _____ C _____ phone W _____ C _____

eMail _____ fax _____ eMail _____ fax _____

Financial agreement _____

Signature _____ **date** _____

Date Notes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CASE _____ v. _____

For juvenile forensic referrals Age _____ sex _____ Living currently at [] Home [] Placement _____

Supervision (Check legal guardian)

Name

Contact information

- Probation Officer _____
- Case Manager _____
- Counselor/Therapist _____
- Attorney _____
- CAP/Advocate _____
- Parent _____
- Guardian ad litem _____
- Other _____

Notes
