

Attorney Information	
Name	Email
Cell Phone	Direct Line
Firm Name	City, State
General Case Information	
Case Type	If Criminal - Felony/Misdemeanor
Volume of Discovery/Records	Report Type
	Verbal Written Possibly Both
If volume >1000 would you also like an estimate for:	
Medical Record Organization	Fact Chronology
Possible Testimony?	If Criminal – child abuse/homicide?
Yes No	Neither Child Abuse Homicide Both
Expert Type	
Nurse MD	
Additional Details	
Short Description of the Case	

Please email this form to Info@GodoyMedical.net