



Expert Request Form

Law Firm: _____
Street: _____ Suite: _____
City: _____ State: _____ Zip: _____
Attorney: _____ Paralegal: _____
Assistant: _____ Contact Name: _____
Telephone: _____ Fax: _____
E-mail: _____

Case Name: _____
Internal Billing Number: _____ Case Type: _____
No. of Records (pages or inches): _____ Report Type: _____
Expert Type (s): _____
Medical Specialty (s): _____
Opposing Organization (s): _____

Opposing Professional (s): _____

Venue: _____
Specific Issues to Address and Instructions (use box below):

*Note: Unless otherwise specified, the report will be addressed to NAMJ

****For NAMJ Use Only****

Project ID AM

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Additional Comments