

CONFLICTS & AVAILABILITY INQUIRY

Pre-Engagement Only

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All information provided will be treated as confidential and used solely for conflicts screening and availability assessment.
Submission does not constitute an engagement, consultation, or agreement of any kind.

REFERRING ATTORNEY

Attorney Name Firm Name
California State Bar Number Email
Phone Mailing Address / City / State

OPPOSING COUNSEL (for conflicts screening)

Attorney Name Firm Name

If unknown at this time, please provide as soon as available.

MATTER

Case Name Case Number
Court / Jurisdiction Expert Designation Deadline
Matter Type:
Civil Criminal Administrative / Other
Retaining Party Role:
Plaintiff Defense (Civil) Defense (Criminal) Prosecution Court-Appointed

EVALUEE (for conflicts screening)

Evaluee Name Date of Birth

Current or Prior Treating Psychiatrist(s) / Psychologist(s) and Facility

No clinical relationship is established by submission of this form.

TIMELINE

Date records available / to be sent Deposition / Trial date (if scheduled)

ATTESTATION

By submitting this form, I represent that the information provided is accurate and complete to the best of my knowledge, and that I am authorized to submit this inquiry on behalf of the retaining party.

Signature Date
Printed Name Title / Firm

Return to: dr.abbott@abbottforensicpsychiatry.com — Dr. Abbott will respond within 2–3 business days.