



TESTIFYING EXPERT INFORMATION

Attorney: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

File: \_\_\_\_\_

Testifying Expert Witness Qualifications, Credentials, Contact Information

Expert Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Address \_\_\_\_\_ Contact: Self \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Pager: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Board Certification(s) (Yr/ Spec) (Describe CV Experience Here)

\_\_\_\_\_  
\_\_\_\_\_

Failed Board Certifications: \_\_\_\_\_ # Times to pass \_\_\_\_\_

Experience in Testifying Area: \_\_\_\_\_

Conflicts: Attorney in case: \_\_\_\_\_ Plaintiff: \_\_\_\_\_ Defendant:: \_\_\_\_\_ Facility: \_\_\_\_\_ Treater(s): \_\_\_\_\_

Testifying Experience/Fees::

# Reviews: \_\_\_\_\_ IMES\$: \_\_\_\_\_ # Depositions last 5 yrs: \_\_\_\_\_ File Reviews: \$ \_\_\_\_\_

# Trials last 5 yrs: \_\_\_\_\_ Deposition \$ \_\_\_\_\_ % Plaintiff / Defense \_\_\_\_\_ Trial Appearance-Live \$ \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Retainer \$ \_\_\_\_\_

Percent of Professional Time: Med/legal work \_\_% Patient Care \_\_% Teaching/Admin \_\_% Research \_\_%



## TESTIFYING EXPERT INFORMATION (CONTINUED)

Hospital Affiliations: \_\_\_\_\_

Office privileges to perform: \_\_\_\_\_ Yes \_\_\_\_\_

Have you routinely & regularly performed \_\_\_\_\_ in the 3 yrs preceding? \_\_\_\_\_

When is the last time prior to this contact that you performed \_\_\_\_\_

**Ever Named As Defendant in a Case?** Case Type: \_\_\_\_\_

Ever Disqualified as an Expert Witness? \_\_\_\_\_ Ever Been Arrested? \_\_\_\_\_

**Felony Convictions:** DUI \_\_\_\_\_ Domestic abuse \_\_\_\_\_ Drugs \_\_\_\_\_

Reason: \_\_\_\_\_

Turn-Around Time: \_\_\_\_\_

COMMENTS: PREFERENCES ON HOW TO SEND CASE

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