



EXPERT WITNESS LOCATION CHECKLIST

- Date of Incident/Loss/Death (If Applicable) _____
- Plaintiff Name/Age/Date of Birth _____
- All Defendants Named in Claim _____
- Defendant(s) Facility, Corporation, Location _____
- Brief Scenario of Case: (Past Medical History Leading Up To Injury, Neglect, Issue At Hand)? _____

- Allegations? _____
- Injuries Sustained _____
- Long Term Damages? Can the plaintiff work? Restrictions? _____

- What Type of Clinical Expert Do You Need (MD, RN, etc.)? _____
- Does the expert have to be currently practicing in the clinical setting? If not, what date(s) must they have been clinically active? _____
- Focus of Clinical Expert (Causation, Damages, Liability)? _____
- Do you want a specific specialty (orthopedics, surgical, psychiatric)? _____
- How many pages of medical records? _____
- Do you need someone who prescribes medications? _____
- Specific issues to be addressed _____
- Do you want community-based? University-based? Academic? _____
- Location of Expert: The best expert for your case may not reside locally. Are there any mandatory geographic location requirements? _____
- When is the statute of limitations? Are there any upcoming filing deadlines? _____
- Are there any state-specific statutory regulations regarding testifying experts for this case? _____

- Who is the point of contact for questions/issues regarding this case (name, email, direct phone number)? _____

Name (Printed) _____ Signature _____ Date _____

By signing, client ensures the accuracy and reliability of the information provided on this checklist. Once search for your expert is initiated, any revisions by client will require payment of new Expert Witness Location Fee.