MATTOX LAW FIRM Attorneys at Law

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Dear Sir/Madam:

Attached is our Intake Form for persons wishing to explore civil claims against law enforcement agencies, prosecutorial entities, regulatory agencies, jails or correctional facilities. We ask that you complete this form to the best of your ability and be as honest and thorough as possible. This information is confidential and is protected under the attorney/client privilege. Upon completion of this form, return it to us at your earliest convenience. We ask that you DO NOT fax this intake form to us.

This information will allow us an opportunity to evaluate your claim. Please make sure you give us a current/accurate telephone number(s) and complete address information so that we may contact you upon completing our review of your claim. If you are currently incarcerated, please do not attempt to contact us by telephone as we will communicate with you by mail.

Please be advised that your intake and the issues which you provide in the Intake Form are important to us and it will be thoroughly reviewed to evaluate our firm's ability to provide you with representation. Be aware that the issues which you represent in this form may be that our receipt of this intake and request for representation does not obligate the firm to provide a person to person interview in order to evaluate our interest or ability to undertake representation of you and your claim(s). We value your inquiry and will strive to be of service to you.

We only review intakes with law enforcement issues that took place in the Panhandle of Florida and south to the Gainesville area and in southwest Georgia south of the Albany area. Any issues outside of this area should contact the Florida Bar Association Referral Department @ 651 E. Jefferson Street Tallahassee, FL 32399-2300 / phone # 850-561-5600 for an attorney in that area of Florida or The Georgia Bar Association Referral Department @ 104 Marietta St. NW, Suite 100, Atlanta, GA 30303 | 404-527-8700 | 800-334-6865/ www.Gabar.org for those issues in Georgia.

BE AWARE THAT OUR FIRM PRACTICES CIVIL ACTION LAW <u>ONLY</u>. WE DO NOT OFFER <u>ANY</u> "CRIMINAL DEFENSE" OR "CRIMINAL POST-SENTENCING" REPRESENTATION.

Sincerely,

Marie A. Mattox, P.A.

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BASIC INFORMATION

Today's Date://
Your Full Name:
Date of Birth:// Place of Birth:
Social Security #
Gender: Male or Female Race:
Marital Status: Single Married Divorced Separated
Driver's License # or another form of ID: State: CONTACT INFORMATION
Current Address:
Home Telephone: () Cell Phone #: ()
Work Telephone: () Email Address:
REFERRED TO OUR FIRM BY:
SPOUSE/SIGNIFICANT OTHER INFORMATION
Name:
Age: Race: Number of Years Together:
Address (if different):
Telephone # (if different): () Email Address:
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MARRIAGES / DIVORCES

Spouse's Name	Date/Place of Marriage	How Marriage Terminated	Date/Place Filed

CHILDREN

Name	Gender/Age	Living With	Name of Other Parent

EDUCATIONAL HISTORY

School's Name	Dates Attended From/To	City/State	Degree Obtained

MOST RECENT EMPLOYMENT HISTORY

Business Name	Position(s) Held	Dates Employed From/To	Reason for Leaving

INFORMATION REGARDING YOUR CLAIM

Name of the individual, agency or entity that you feel treated you wrongly.
What is the basis of your claim?
False Arrest Excessive Force Negligence Medical Negligence
Selective Enforcement Malicious Prosecution
Deliberate Indifference, Resulting in Serious Injury Other:
Civil Rights Violations Based on:
Race (If so, List your race):
National Origin (If so, list your nationality):
Disability/Handicap (If so, list your Disability/Handicap):
What was the date of the LAST and FIRST Wrongful Action which you are basing you claim?
Where did the Wrongful Action take place?
Have you solicited the Representation of any other Attorney(s) in reference to this claim? (If so, whom and why did you not proceed with them?)

IF CURRENTLY INCARCERATED, COMPLETE THE FOLLOWING

CRIMINAL HISTORY SUMMARY

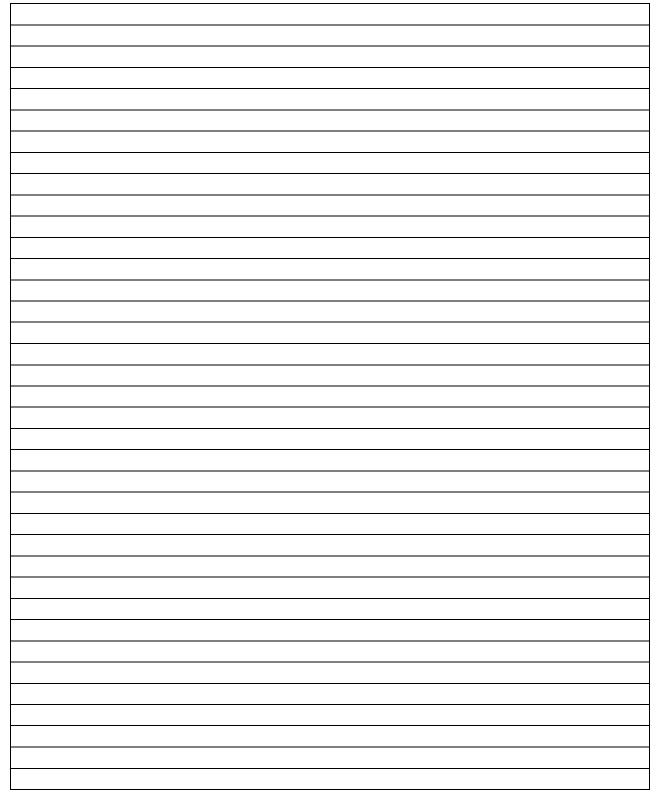
Offense	Country/State	Year Occurred	Sentence

OTHER GENERAL INFORMATION

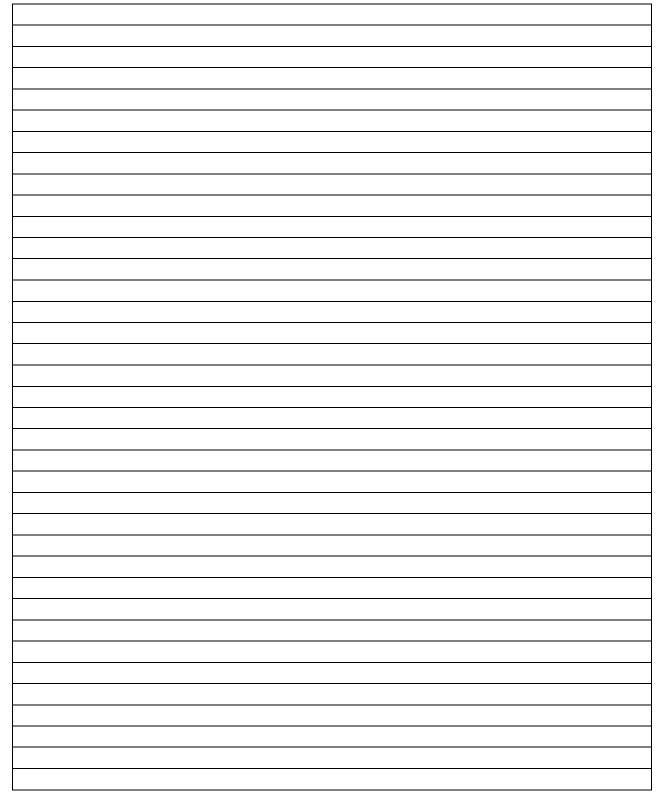
Answer the following questions to the best of your ability. If your answer to ANY of these questions is YES, please explain on the following page.

		YES	NO
1.	Have you ever hired or consulted with a lawyer concerning this problem?		
2.	Have you otherwise sued anyone or been sued by anyone (except divorces)?		
3.	Have you been diagnosed with a mental illness or disability?		
4.	Have you ever been hospitalized or confined for a mental illness or disability?		
5.	Have you ever been adjudicated incompetent?		
6.	Do you suffer from serious physical illness or disability?		
7.	Are you currently taking any prescription medications?		
8.	Have you previously (during the period of your claim) taken prescription		
	medication?		
9.	Are you addicted to drugs or alcohol?		
10.	Do you regularly use drugs or alcohol?		
11.	Have you ever been treated for drug or alcohol abuse?		
12.	Have you ever been rendered totally or partially disabled?		
13.	Have you ever applied for disability compensation benefits?		
14.	Have you ever been CONVICTED of a felony or misdemeanor?		
15.	Have you ever served in the military?		
16.	Have you ever filed bankruptcy?		
17.	Do you have any plan or intention to file bankruptcy?		
18.	Have you ever filed a complaint or grievance with regard to any lawyer who		
	provided legal services to you?		
19.	Have you ever hired a lawyer to represent you and terminated the lawyer's		
	services before representation was complete?		
20.	During the period in which you claim you were wronged, were there any		
	other stressful events in your life, such as births, deaths, divorces, marriages,		
	significant problems with your children or family, criminal acts against you,		
	etc.?		
21.	Have you received treatment by any medical or mental health professional		
	as a result of the action or occurrence which you are now complaining?		
22.	Have you given any verbal, written or recorded statements to any person or		
	entity regarding the issues which are the basis of this current complaint?		
23.	Are you currently an absconder or fugitive from any entity?		

IF YOUR ANSWER TO ANY OF THE QUESTIONS ON THE PREVIOUS PAGE IS "YES," PLEASE EXPLAIN IN THE AREA BELOW.



IN THE SPACE PROVIDED BELOW, PLEASE DESCRIBE IN YOUR OWN WORDS (AND IN DETAIL) THE EVENTS THAT HAVE LED YOU TO BELIEVE THAT YOU WERE TREATED WRONGFULLY BY THE ENTITY OR ENTITIES YOU HAVE PREVIOUSLY IDENTIFIED.



WITNESS LIST

Use this page to identify and describe any person(s) who have **<u>DIRECT knowledge</u>** regarding your claim(s). Include people which you deem to be either friendly to your claim, hostile to you or your claim or neutral. **REMEMBER, THIS INFORMATION MAY PROVE TO BE VERY IMPORTANT TO YOUR CASE.**

Full Name	Race/Gender	All contact information known.	What does this witness know?	Friendly	Hostile	Neutral

FOLLOW-UP QUESTIONS

In your opinion, WHY do you think you were treated wrongfully?

What action or comment, (if anything), do you think "might" have provoked the wrongful action taken against you?

Have you <u>personally</u> witnessed others being subjected to the same wrongful action which you claim happened to you? If so, please describe.

What damages do you believe you have suffered as a result of the wrongful action you are claiming in this intake? Please be specific regarding any wages you feel you may have lost, indebtedness you have incurred and/or physical, mental, or emotional injuries you believe you have suffered.

What do you REALISTICALLY hope to achieve, receive, or gain from bringing a civil action against the party or parties who you feel treated you wrongfully? Please be specific.

SIGNATURE: _____

DATE:				

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