



LICENSE DEFENSE INTAKE QUESTIONNAIRE

Client Information

Full Name: _____

Email Address: _____

Phone Numbers: _____

Address: _____

County/City/State: _____ Zip Code: _____

Date of Birth: _____

1. What license do you hold?

2. License #: _____

3. Brief description of action pending:

SELECT YOUR SERVICE

Investigation:

Work Related?

Yes No If Yes, who is your current supervisor? _____

Accusation:

Work Related?

Yes No If Yes, who is your current supervisor? _____

Criminal Complaint:

Arresting Agency? _____

Date of arrest: _____

Collateral consequence letter

Petition for reinstatement

Criminal conviction disclosure

Petition for reconsideration

Reinstatement of license

Petition for early termination of BRN probation

Petition to revoke probation

Order to compel Psych. evaluation

Petition to reverse revocation

Appeal denial and statement of issues

Petition for removal from exclusion list

Texas RN investigation

Pre-hearing settlement conference

IF ANY, NAMES OF INDIVIDUALS INVOLVED AND WITNESSES:

PLEASE READ THIS, IT IS IMPORTANT:

By submitting this potential client intake form you are not establishing an attorney-client relationship with GRT. We are making no commitment to take your case and we are not taking any action on your behalf. In the event that we might be interested in taking your case we will communicate with you further and gather more information. No attorney-client relationship will exist if and until you and GRT execute a comprehensive attorney-client retainer/fee agreement.

NOTE, GRT DOES NOT DO FREE OR NO COST CONSULTATIONS OR EVALUATIONS IN MOST CASES.

I HAVE READ AND I FULLY UNDERSTAND THE NOTICE UPON THIS INTAKE FORM.

SIGNATURE: _____

Date: _____

ADDITIONAL INFORMATION

REDWOOD CITY
888 993 1600

GOLD RIVER/SACRAMENTO
916 851 1900

MODESTO
209 491 4800

FRESNO
559 268 7768

SAN FRANCISCO
888 993 1600