

LEGAL PSYCHIATRIC EVALUATION REQUESTED ON

8/18/08
(Date)

OFFICE RESIDENCE

Patient Name: <i>Gertrude Gettinger</i>	DATE OF APPT.: ARRIVAL TIME: APPT. TIME:
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Age/Date of Birth:
Patient Address:
Phone #:

Please call the PVP Attorney to discuss.
PVP Attorney

Caller: *Violet BOSKOVICH ESQ.*
Home Phone #:
Work Phone #: *(310) 265-7202*
Cell Phone #:
Fax #:
Address:
Relationship to Patient: *PVP Attorney*

Reason for Evaluation: *The son is trying to remove the daughter as the conservator. Possible undue influence. The daughter is Sylvia Schmidt.*

LEGAL QUESTIONS:

Attorney's Name: *Violet Boskovich, Esq.*
Phone #:
Email to send CV and Fee Schedule: *boskovichv@aol.com*
Fax #:

Referred By/ Requested By:

Primary Doctor: *Siad Jacob, M.D.*

Who is the Responsible Party to Pay? *Sylvia Schmidt*

Do they agree to Evaluation? Yes No

Is this Evaluation ordered by the Court? *yes*

Can this Evaluation be done in the Office or Home/Facility? *Office*

When is the Trial date? *9/12/08*

Retainer Amount: *CV emailed*

(\$400. hour, typically 2 hours for examination, 1.5 hours for discussion with family, attorneys and others involved, and 2.5 hours for the report, 6 hours minimum/ or a \$2,400. retainer. Dr. Trader will give the exact amount.)

NOTE: PVP did not state true reason for exam, Instead she biases the doctor and states "The son is trying to remove the daughter as conservator, undue influence".