

# MATTOX LAW FIRM

## Attorneys at Law

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Tallahassee, FL 32303  
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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](http://www.Gabar.org) for those issues in Georgia.**

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

Sincerely,

Marie A. Mattox, P.A.

**BASIC INFORMATION**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Your Full Name: \_\_\_\_\_

Date 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: \_\_\_\_\_

**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** Wrongful Action which you are basing you claim?

\_\_\_\_\_

Where did you 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**

Place of Incarceration: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SPN or DOC #: \_\_\_\_\_ Length of Sentence: \_\_\_\_\_

Date which current Incarceration began: \_\_\_\_\_

Schedule release date: \_\_\_\_\_

Offense(s) which you are being currently incarcerated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate being transferred from your current location to another facility?  
If so, list that location (if known): \_\_\_\_\_

During this period of incarceration, have you experience disciplinary actions?  
(If so, how many times & for what reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY SUMMARY**

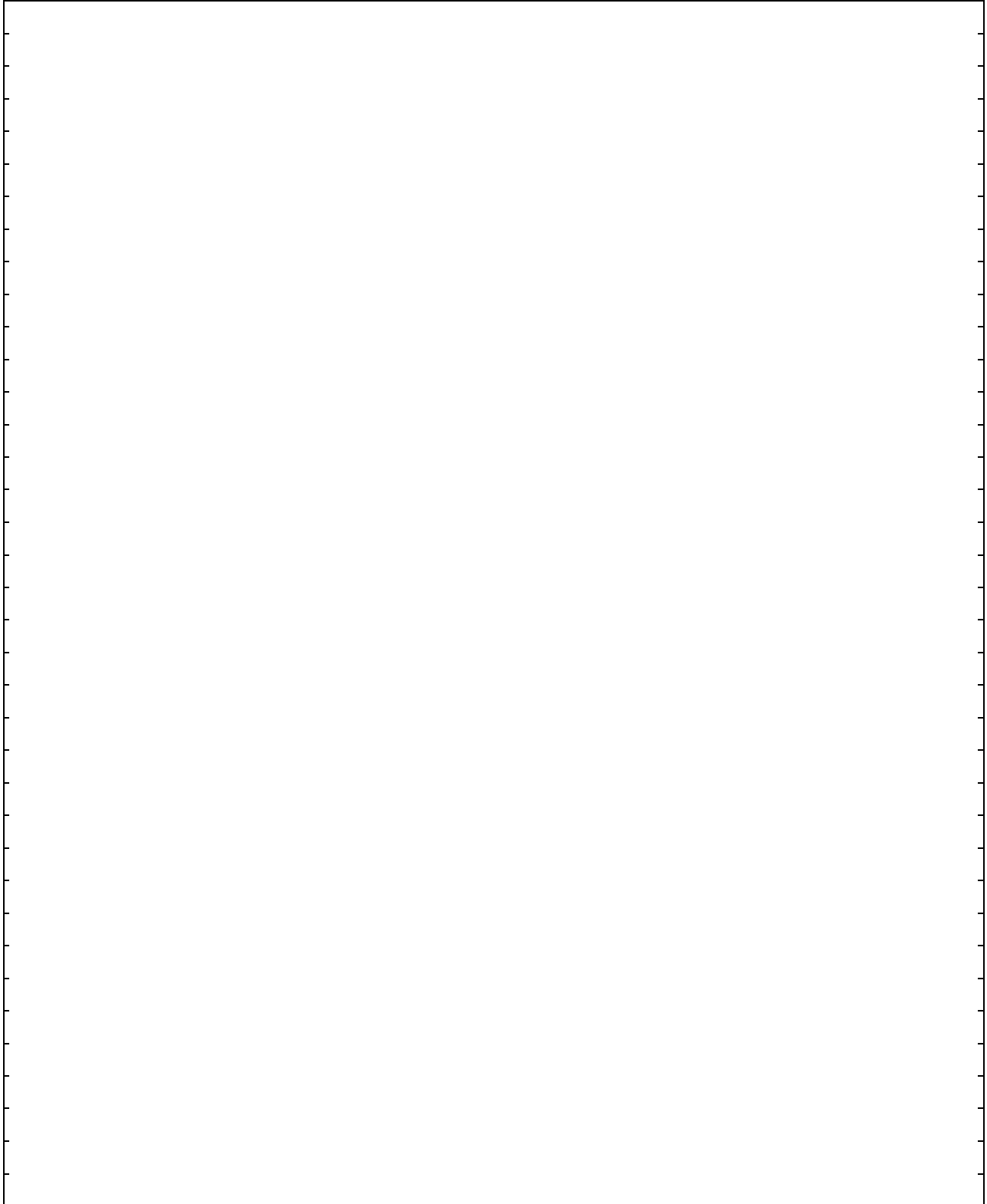
Offense	Country/State	Year Occurred	Sentence

## 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you otherwise sued anyone or been sued by anyone (except divorces)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been diagnosed with a mental illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been hospitalized or confined for a mental illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been adjudicated incompetent?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you suffer from serious physical illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking any prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you previously (during the period of your claim) taken prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you addicted to drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you regularly use drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been treated for drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been rendered totally or partially disabled?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever applied for disability compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been <b>CONVICTED</b> of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever served in the military?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have any plan or intention to file bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever filed a complaint or grievance with regard to any lawyer who provided legal services to you?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever hired a lawyer to represent you and terminated the lawyer's services before representation was complete?	<input type="checkbox"/>	<input type="checkbox"/>
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.?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you currently an absconder or fugitive from any entity?	<input type="checkbox"/>	<input type="checkbox"/>

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

A large, empty rectangular box with a thin black border, intended for the user to provide an explanation for a 'yes' answer to a question on the previous page. The box is currently blank.

**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.**

A large, empty rectangular box with a thin black border, intended for the respondent to provide a detailed description of events. The box is currently blank.



## WITNESS LIST

Use this page to identify and describe any person(s) who have **DIRECT knowledge** 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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **FOLLOW-UP QUESTIONS**

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

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

Have you personally 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:** \_\_\_\_\_

**SAVE AND EMAIL THIS FORM TO: [frontdesk@mattoxlaw.com](mailto:frontdesk@mattoxlaw.com)**