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**PROSECUTING ATTORNEY REFERRAL**

Referring prosecuting attorney: \_\_\_\_\_

Prosecutor's address: \_\_\_\_\_

Prosecutor's telephone and facsimile numbers: \_\_\_\_\_

Prosecutor's email address: \_\_\_\_\_

Name of defendant: \_\_\_\_\_

Name of defense lawyer, if known: \_\_\_\_\_

Court: \_\_\_\_\_ Case No. \_\_\_\_\_

Date of offense: \_\_\_\_\_ Time of offense: \_\_\_\_\_

Chemical tests:  Breath  Blood  Urine

Date and time of test or sample collection: \_\_\_\_\_

Results of testing: \_\_\_\_\_

Body weight of defendant on date of offense, if known: \_\_\_\_\_

Performance on field sobriety tests  Good  Poor  Equivocal

Trial date and judge, if known: \_\_\_\_\_

**PLEASE ATTACH COPIES OF CITATION, ARREST REPORT, INSTRUMENT  
PRNTOUT, LABORATORY ANALYSIS REPORT, AND ANY OTHER RELEVANT  
DOCUMENTS, INCLUDING INVESTIGATIVE REPORTS**

FORWARD THIS FORM AND ALL RELEVANT DOCUMENTS FOR INITIAL EVALUATION. EMAIL OF  
SCANNED DOCUMENTS IS PREFERRED. IF VIDEO DISKS ARE AVAILABLE, PLEASE SEND ALL  
DOCUMENTS BY US MAIL OR OTHER DELIVERY SERVICE. YOU WILL RECEIVE AN  
ACKNOWLEDGEMENT THAT THE MATERIALS HAVE BEEN RECEIVED.