

P 630-708-6870 • PO Box 90, Yorkville, Illinois 60560 • info@final-insight.com

## **Service Request Form**

Thank you for reaching out to *Final-Insight*. This form helps us gather essential details so we can determine how best to assist you. Please complete as much information as possible and return with documentation to <a href="mailto:info@final-insight.com">info@final-insight.com</a>.

-	This is a personal/family request
-	This is a professional request.
Your Name:	
Your Company Name	O:
Your Email Address:	
Your Phone Number	:
Name of Decedent:	
	ent, Mother, Father, Husband, Wife, Son, Daughter, Cousin, Friend, Etc.)
Date of Death:	
	eath is impending and you have questions or concerns about how he time of need.



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lease check one of the following:	
I am requesting a PRIVATE phone consultation only.	I am requesting a PROFESSIONA summary report and phone consultation.
I am requesting a PRIVATE report review and phone consultation.	I am requesting a PROFESSIONA Expert Case Analysis
I would like to inquire about a separate issue regarding a PRIVATE case.	I would like to inquire about a separate issue regarding a PROFESSIONAL case.
ecords/Documents Available:	
Autopsy Report (# of pages:)	
Autopsy Report (# of pages:)Toxicology Report (# of pages:)	
Toxicology Report (# of pages:)	



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## Please read each statement carefully and initial beside each to confirm your understanding and agreement.

INITIAL	DESCRIPTION
	1. Scope of Service
	Final Insight provides reviews for educational purposes of existing autopsy, toxicological, and related post-mortem reports. We do NOT perform independent autopsies, laboratory testing, or investigations.
	2. No Medical Diagnosis
	Final Insight does NOT render medical opinions, diagnoses, or treatment recommendations. Our role is to interpret existing documents for clarity and understanding.
	3. No Determination of Manner and/or Cause of Death
	Our reports are educational summaries and do NOT serve as legal or medical determinations of cause and/or manner of death.
	4. Reliance on Provided Information
	All interpretations are based solely on the records and materials provided by the client. Final Insight cannot verify the accuracy or completeness of 3 <sup>rd</sup> party reports.
	5. Confidentiality
	All documents and communications shared with Final Insight are handled confidentially and will not be disclosed to outside parties without your written consent, except where required by law.
	6. Legal and Insurance Use
	While our reports can support discussions with attorneys or insurance companies, Final Insight does not act as a legal or expert witness service.
	7. Independent Judgement
	You understand that Final Insight's interpretations are intended to help you understand technical or medical language and are not intended to replace your own judgement or that of a qualified medical or legal professional.
	8. Educational Purposes
	All written or verbal summaries are for informational and educational purposes only and shall not be used as official documentation in any medical, legal, or insurance proceeding without the approval of your representative or attorney.

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	9. Communication Limits
	Our role is limited to explaining and clarifying findings. We cannot contact medical examiners, hospitals, law enforcement agencies, attorneys or other institutions on your behalf.
	10. Fees and Refunds
	Fees are based on the time and complexity of the review. Once a report or consultation is provided, fees are considered earned for services rendered and are not refundable.
	11. Client Responsibility
	It is your responsibility to provide complete and legible copies of all relevant reports. Missing or incomplete information may limit the accuracy or depth of our interpretation.
	12. Electronic Communication
	You understand that communication via email or online platforms may involve inherent privacy risks. Final Insight takes reasonable measures to protect your information but cannot guarantee absolute confidentiality through digital transmission.
	13. Consent to Review
	By initialing each section and signing below, you authorize Final Insight to review the material you provide for interpretive and educational purposes.
Client	
Signature	x
Printed	
Name	x
Date	