

2017-2018 COURT APPOINTED EXPERT WITNESS REGISTRY APPLICATION

Instructions: Please complete this application in its entirety. Incomplete applications will be returned to the applicant for completion. Please print legibly in blue or black ink or type. Please send applications and supporting documents to:

Chief Judge Donald G. Jacobsen
Tenth Judicial Circuit Court of Florida
P.O. Box 9000, Drawer J107
Bartow, Florida 33831-9000

Name: _____ License # or Certification #: _____

Business Address: _____

Business #: _____ Fax: _____ E-mail Address (required): _____

Business Name: _____ FEIN#: _____

1. Please read and initial all of the following requirements:

- _____ I agree to submit to a law enforcement records check and I have attached the Tenth Judicial Circuit Vendor Background Check Authorization form.
- _____ I have attached my current curricula vitae.
- _____ I will not solicit compensation from clients or family member of clients that I am appointed to represent.
- _____ I have familiarized myself with and agree to provide services in accordance and in compliance with the Tenth Judicial Circuit’s Administrative Order No. 1-50.0, all other applicable Tenth Judicial Circuit administrative orders, all applicable Florida Supreme Court administrative orders, and all relevant state and federal laws.
- _____ I do not have any conflicts of interest, including any employment or business relationship or involvement in any other situation, in which regard for my private interest would tend to lead to disregard of my duties as a court appointed expert witness.
- _____ If selected, I agree to provide court appointed expert witness services for the Tenth Judicial Circuit at the rates established by Administrative Order No. 1-50.0.
- _____ I agree that if selected, and if requested by the Tenth Judicial Circuit’s Administrative Services Department, I will enter into a contract for services with the Tenth Judicial Circuit to provide expert witness services for the Tenth Judicial Circuit at the rates established by Administrative Order No. 1-50.0.
- _____ I will notify the Chief Judge of any formal complaint filed against me by The Florida Bar or by the Florida Department of Health or by any licensing authority and of any non-confidential consent agreements entered into between any licensing authority and myself.
- _____ I will immediately notify the Chief Judge if I am arrested for any crime, including a criminal traffic offense, or if I receive a Notice to Appear.
- _____ If selected, I will maintain professional conduct in the courtroom at all times.

**3. I will accept appointment as an expert witness in the following counties:
(Please check all that apply)**

- Hardee County Highlands County Polk County

**4. I am licensed by and in good standing with the State of Florida as a:
(Please check all that apply)**

- Physician
- Psychiatrist
- Psychologist
- Expert in the field of intellectual disabilities

Other (specify): _____

5. **I am applying to serve the following types of cases and I have the following qualifications:
(Please read and initial all that apply)**

_____ Adult Competency:

- I am qualified under §916.115, Florida Statutes, to be appointed as an expert to determine the mental condition of a defendant in criminal cases.
- I have satisfactorily completed the required forensic training approved by the Florida Department of Children and Families.

_____ Juvenile Competency:

- I am qualified under §985.19, Florida Statutes, to be appointed as an expert to determine the mental condition of a child.
- I have satisfactorily completed the required forensic training approved by the Florida Department of Children and Families.

_____ Guardianship Examining Committee:

- I am qualified under §744.331, Florida Statutes, to serve as a member of a guardianship examining committee.
- I have completed the minimum of 4 hours of initial training, as developed by the Office of Public and Professional Guardians, and I have attached a copy of my certificate of completion.
- I will complete 2 hours of continuing education during each 2-year period after my initial training and I will submit a copy of my certificate of completion to the Chief Judge.
- I will not accept appointment as a guardian for a person who was the subject of my examination.
- I will only accept appointments, and serve with, persons with whom I have no relation or association.

_____ Developmental Disability Examining Committee:

- I am qualified under §393.11, Florida Statutes, to serve as a member of a developmental disability examining committee.
- I have been found qualified by the Florida Agency for Persons with Disabilities to perform developmental disability evaluations.

_____ Other evaluations that the Court is statutorily required to pay for (specify): _____.

- I am statutorily qualified, as detailed in my curricula vitae, to provide the specified evaluation services.

6. **Certification:**

I hereby certify that to the answers and statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that any omissions, falsifications, misstatements, or misrepresentations above or on any attachments may disqualify me for consideration and, if I am selected for the court appointed expert witness registry, may be grounds for dismissal, termination, or removal from the court appointed expert witness registry or any contract to provide services to the Tenth Judicial Circuit. I further certify that I will accept appointments as set forth above, and I hereby declare that I meet the minimum qualifications for services as set forth under §916.115, Florida Statutes, and/or §985.19, Florida Statutes.

Signature of Applicant / Date