



APPLICATION FOR SUPERIOR COURT OF LOS ANGELES COUNTY PANEL OF PSYCHIATRISTS & PSYCHOLOGISTS

Name:

Email Address:

Address:

City:

Zip Code:

Office Telephone:

Mobile Telephone:

CA Medical Board/CA Board of Psychology License Number:

■ **Education (incl. college degree(s), graduate degree(s), fellowships, etc.):**

■ **Describe your post-doctorate experience in forensic psychiatry and/or psychology (incl. internship, residency, fellowship, etc.):**

■ **Describe your professional experience evaluating mental competency, insanity, sexually violent predator status, and/or other evaluations in the court setting:**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

■ **List specific areas of professional expertise and/or interest:**

■ **List any court panels (Los Angeles and/or elsewhere) in which you are or have been included:**

■ **Other than panels identified above, if you previously applied to any Los Angeles Superior Court Panel, please specify the panel and date of application.**

■ **Please select the Panels you seek to join (check all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> Adult (Criminal, Mental Health, Probate) | <input type="checkbox"/> Juvenile Justice/730 |
| <input type="checkbox"/> Neuropsychologist | <input type="checkbox"/> Juvenile Justice Competency |
| | <input type="checkbox"/> Juvenile Dependency |

■ **Please list any languages other than English in which you are proficient:**

■ **Please attach a current résumé or curriculum vitae. The Court may make that document available to judicial officers, counsel, or others.**

■ **Please attach a writing sample of two to ten pages in length.**

I have read and agree to be governed by the
Superior Court of Los Angeles County Policies and Procedures for Psychiatrist & Psychologist Panel.

Date:

Signature:

**SUBMIT COMPLETED APPLICATION & ATTACHMENT TO:
PsychPanel@lacourt.org**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES