

**LOS ANGELES SUPERIOR COURT  
PANEL OF PSYCHIATRISTS & PSYCHOLOGISTS  
APPLICATION**

PERSONAL INFORMATION

NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EXPERIENCE

(Please attach a current curriculum vitae/résumé, and a list of references with contact information of physicians, attorneys, and/or judges. The curriculum vitae/résumé may be made available to the Court, counsel, and others.)

Education (incl. college degree(s), graduate degree(s), etc.)

Post-doctorate experience in forensic psychiatry and/or psychology (incl. internship, residency, fellowship, etc.)

Specific experience with evaluations for mental competency, insanity, sexual violent predator status, and/or other criminal law related evaluations

Specific interests and/or areas of expertise

Proficiency in language(s) other than the English language: \_\_\_\_\_

Previously applied to the Panel of Psychiatrists & Psychologists? YES: \_\_\_ Date: \_\_\_\_\_ NO: \_\_\_

ACKNOWLEDGEMENT AND ACCEPTANCE

I have read and reviewed, and agree to be governed by the Los Angeles Superior Court Panel of Psychiatrists & Psychologists Policy and Procedures regarding the appointment in criminal proceedings.

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

Signature: \_\_\_\_\_

**Send applications & attachments to:  
Judge David Fields  
Los Angeles Superior Court  
Foltz Criminal Justice Center, Department 119  
210 W. Temple Street, Los Angeles, CA 90012**