



CRIMINAL DIVISION
The Superior Court
 LOS ANGELES, CALIFORNIA 90012

APPLICATION FOR APPROVED PANEL OF EXPERTS
 (PLEASE TYPE OR PRINT CLEARLY)

Full Name: _____
Last First M.I. [M.D./Ph.D.]

Company Name: _____ Position Held: _____

Company Address: _____

Telephone: _____ FAX: _____

E-mail Address: _____ Cell: _____

Specialty (ies): _____

California License No. (If applicable)															
Original Issue Date:	Mo.	Day	Year	Expiration Date:	Mo.	Day	Year								
Has your license ever been conditioned, suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been arrested or convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever applied to, or been a member of, this panel? Yes <input type="checkbox"/> No <input type="checkbox"/>											

If you answered "Yes" to any of the above questions, please provide an explanation on a separate sheet.

RATE OF COMPENSATION: \$ _____ Per Hour Consultation / Work-up \$ _____ Per Hour Testimony

ATTACH COMPANY OR PERSONAL RESUME of background and professional experience, employment history (include reason for leaving), and provide any other pertinent information the Court should consider.

I agree that the California state department affiliate governing my professional license may disclose any and all information and/or records concerning complaints against me, and I waive confidentiality as to the same.

I understand that if I am granted placement on the Superior Court Panel of Experts, I will serve at the pleasure of the Experts Committee of the Superior Court and that my name can be removed from the list without question.

Date: _____ Signature: _____

Return application and attachments to:

Foltz Criminal Justice Center, 210 W. Temple Street, Room 5-510, Los Angeles, CA 90012, Attn: Chaleste Matthews/Jud. Secty.