



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

|   |
|---|
| <b>RATE OF COMPENSATION: \$ _____ Per Hour Consultation / Work-up \$ _____ Per Hour Testimony</b> |
|---|

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 5-508, Los Angeles, CA 90012, Attn: Paulette Iriarte/Jud.Secty.**