

FIFTEENTH JUDICIAL CIRCUIT'S APPLICATION TO PROVIDE MENTAL HEALTH SERVICES FOR PSYCHOLOGICAL EVALUATIONS IN FAMILY LAW CASES 5/09

Please complete the following application to provide service as a Mental Health Expert for psychological evaluations in family law cases. This application must be completed in its entirety if you wish to be considered for appointment. **A resume must be included with this application.** Your resume should address your experience with conducting examinations in Family Law Cases.

Applicant Information:

Name: _____

Florida Department of Health License#: _____

Business Address: _____

(City) (State) (Zip Code)

Business#: _____ Cell#: _____ Fax#: _____

E-mail Address: _____

Please check off if you have completed the following requirements: (NOTE: *Application cannot be considered until the following requirements have been fulfilled.*)

- I will notify the Chief Judge of the Fifteenth Judicial Circuit of any formal complaint filed against me by the Florida Department of Health or any other medical licensing authority, and of any non-confidential consent agreements entered into between the licensing authority and me.
- I have familiarized myself with Administrative Order No. 2.601 (as amended), Florida Family Law Rule 12.363, Florida Family Law Rule 12.360, Florida Rule of Civil Procedure 1.360 and all other Fifteenth Circuit Court Administrative Orders concerning Experts and agree to provide services in accordance with those Administrative Orders.

Please check the following that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Florida Licensed Medical Doctor of Osteopathy | <input type="checkbox"/> Florida Licensed Psychologist | <input type="checkbox"/> Florida Licensed Clinical Social Worker |
| <input type="checkbox"/> Florida Licensed Marital and Family Therapist | <input type="checkbox"/> Florida Licensed Mental Health Counselor | <input type="checkbox"/> DCF Approved Forensic Evaluator |

Please list the Fifteenth Judicial Circuit Judges that you have appeared before while completing an evaluation in the handling of Psychological Evaluations in Family Law Cases: _____

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or resume, or any omission of information requested will be grounds for refusal of appointment or dismissal.

(Signature)

(Date)

(Printed Name)

RETURN ALL PAGES OF THIS APPLICATION TO:

Court Administration, Expert Witness Services
Fifteenth Judicial Circuit
205 North Dixie Highway, Suite 5.1709, West Palm Beach, FL 33401