



**Duval County, Fourth Judicial Circuit**  
**APPLICATION FOR THE EXPERT REGISTRY LIST**  
**Court Appointed Experts for Forensic Mental Health Evaluations**

***Important:*** Experts are required to complete a new application every fiscal year in order to serve on the Fourth Judicial Circuit's Expert Registry for Duval County. If possible please type your responses, or write clearly in black or blue ink.

**Name of Expert:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Cell Phone:** \_\_\_\_\_

**Business Fax Number:** \_\_\_\_\_

**I. Please read and initial the following to certify that you agree to the following terms:**

- \_\_\_\_ 1. I meet the minimum requirements established by the Chief Judge as indicated in further detail below and have reviewed all applicable Florida Statutes regarding appointment of experts and forensic mental health evaluations; and
- \_\_\_\_ 2. I am available for appointment by the Court to evaluate indigent defendants and prepare a report in a timely manner documenting my findings as a result of the evaluation; and
- \_\_\_\_ 3. I will enter into a contract for services with the Justice Administrative Commission (JAC), I have reviewed and understand such contract and the accompanying documentation which is located on the JAC website at [www.justiceadmin.org](http://www.justiceadmin.org), and I am willing to abide by its terms and its requirements for billing.

**II. Please complete and initial the following:**

- \_\_\_\_ 1. I possess the following license(s) \_\_\_\_\_.  
I am licensed by and in good standing with \_\_\_\_\_ (applicable department or agency). The original issue date of my license is \_\_\_\_\_ and the expiration date is \_\_\_\_\_.
- \_\_\_\_ 2. I will promptly notify Court Counsel (CBirk@coj.net and LLentini@coj.net) and the Justice Administrative Commission of any change in my status e.g., qualifications; job, including whether I work for another State agency; or contact information.
- \_\_\_\_ 3. I have reviewed and understand the Florida Supreme Court's Administrative Order AOSC18-17 and any applicable amendments or revisions and I am willing to abide by the terms and the requirements thereof.
- \_\_\_\_ 4. I will promptly notify Court Counsel of any formal complaint filed against me.
- \_\_\_\_ 5. I will serve my court-appointed client in a manner meeting the requirements of Florida Statutes.

\_\_\_ 6. I will not solicit compensation from any court-appointed client or any relation to the client.

### **III. QUALIFICATIONS**

**Please describe your qualifications as requested below, and attach your Curriculum Vitae when submitting this application.**

#### **1. Adult Forensic Mental Health Evaluations** (please include attachments as necessary):

(a) Describe your educational background:

(b) Describe any applicable training you have had in regard to adult forensic mental health evaluations that you may have completed after your formal education. Please include any training approved by the Department of Children and Families:

(c) Describe all prior experience in regard to performing forensic mental health evaluations:

(d) Describe any published work and/or any teaching experience that is relevant to this category:

(e) Describe any additional experience that you feel is relevant to this category:

#### **2. Juvenile Forensic Mental Health Evaluations** (please include attachments as necessary):

(a) Describe your educational background:

(b) Describe any applicable training you have had in regard to juvenile forensic mental health evaluations that you may have completed after your formal education. Please include any training approved by the Department of Children and Families:

(c) Describe all prior experience in regard to performing forensic mental health evaluations, especially for juveniles:

(d) Describe any published work and/or any teaching experience relevant to this category:

(e) Describe any additional experience that you feel is relevant to this category:

#### IV. SELECT CATEGORIES

Please place an "X" in each of the categories for which you would like to serve. Keep in mind that you will still need to be **approved** by the Judiciary before being selected for the Registry List.

CATEGORY	DESCRIPTION	DUVAL COUNTY
<b>1) Adult Forensic Mental Health Evaluations</b>	Adult evaluations required in Circuit Felony or County Court.	
<b>2) Juvenile Forensic Mental Health Evaluations</b>	Juvenile evaluations required in Circuit Felony or Circuit Juvenile Court.	

#### V. DECLARATION

*I hereby apply to have my name placed on the Expert Witness Registry List in Duval County for the Fourth Judicial Circuit. I declare that I meet the qualifications as indicated above. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from the Registry, and may be grounds for removal from the Registry at a later date. I understand that submitted Applications become a public record. Under penalties of perjury, I declare that I have read the foregoing Application and the facts stated herein are true and correct. If any of the information in this Application changes, including my contact information, qualifications, or standing with a licensing agency or department, I will report it to the Court Counsel's office promptly, and I understand that a failure to do so promptly will subject my name to be removed from the Registry List.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please submit this application by email to [CBirk@coj.net](mailto:CBirk@coj.net) and [LLentini@coj.net](mailto:LLentini@coj.net).