

**SIXTH JUDICIAL CIRCUIT**  
**APPLICATION TO PROVIDE SERVICES FOR GUARDIANSHIP EXAMINING COMMITTEES,**  
**DEVELOPMENTAL DISABILITIES COMMITTEES, or COURT APPOINTED EXPERTS**

Please provide the following information as a part of the application and verification process to provide service as a member of a Guardianship Examining Committee, Developmental Disabilities Committee or as an Expert. This application must be completed in its entirety if you wish to be considered for appointment. It must be submitted during the period for which the lists are open.

Applicant Information

Name: \_\_\_\_\_ Professional License# \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Business # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please check the following that apply:

- I have good moral character.
- I have familiarized myself with the Administrative Order # 2007-017, and all other Sixth Judicial Circuit Administrative Orders concerning the Guardianship Examining Committee and/or Developmental Disabilities Examining Committee and agree to provide services in accordance with those Administrative Orders. **(Applies only if you want to serve on the GEC or DDC list.)**
- I have familiarized myself with the Administrative Order No. #2004-051, and all other Sixth Judicial Circuit Administrative Orders concerning Experts and agree to provide services in accordance with those Administrative Orders. **(Applies only if you want to serve as an Expert)**
- I will notify the Chief Judge of any formal complaint filed 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 myself.

Please read and sign the application. To provide service in Pasco County as a physician member of the Guardianship Examining Committee Circuit complete **Section A** in its entirety. To provide service in Pasco County as a physician member of the Developmental Disabilities Committee complete **Section B** in its entirety. To provide service as a court appointed Expert in Pasco or Pinellas County, complete the applicable portion of **Section C** in its entirety.

**Section A—Pasco County GEC physicians:**

I am a Florida licensed physician and I am applying to provide service on the Guardianship Examining Committee in:

- West Pasco County
- East Pasco County

I completed the 4-hour initial training required by § 744.331(3)(d) Florida Statutes on

\_\_\_\_\_ [insert date] and  
\_\_\_\_\_ [initial] have attached proof of completion of the training to this application.

**Section B—Pasco County DDC physicians:**

I am a Florida licensed physician and I am applying to provide service on the Developmental Disabilities Committee in:

- West Pasco County
- East Pasco County

\_\_\_\_\_ [initial] As shown on my attached resume, I have expertise in the diagnosis, evaluation, and treatment of persons with mental retardation and autism.

**Section C—Pasco and Pinellas court appointed Experts:**

**You may apply to serve on any of the following 5 lists in Pasco or Pinellas Counties: Adult Competency Evaluations; Developmental Disabilities competency evaluations; Determination of Mental Retardation as a Bar to Execution; Juvenile Competency Evaluations; and Psychological Evaluations in Family Law cases. Please indicate the geographic location(s) where you want to serve. Also, indicate the list(s) you want to apply for by completing the applicable section(s) in its entirety.**

**Geographic location(s) for service – I am applying to serve as an Expert in:**

- Both Pasco and Pinellas Counties
- Pinellas County only
- Pasco County only

**Adult Competency Evaluations**

To provide service as an Expert conducting Adult Competency evaluations within the Sixth Judicial Circuit, check all that apply:

**I am a licensed by and in good standing with the State of Florida as a:**

- Physician
- Psychiatrist
- Psychologist

Adult Competency continued

I have satisfactorily completed the approved forensic training as an expert provided by the Department of Children and Family Services.

Please list all Sixth Judicial Circuit Judges who you have appeared before as an Adult Competency Expert or other forensic Expert (and specify the other type of evaluation(s)):

---

---

**Developmental Disabilities Evaluations**

To provide service as an Expert conducting Developmental Disabilities competency evaluations within the Sixth Judicial Circuit, check all that apply:

**I am a licensed by and in good standing with the State of Florida as a:**

Psychologist                       Other (specify) \_\_\_\_\_

I have been found qualified by the Agency for Persons with Disabilities to perform evaluations of persons with mental retardation or autism.

Please list all Sixth Judicial Circuit Judges who you have appeared before as a Developmental Disabilities Expert or other forensic Expert (and specify the other type of evaluation(s)):

---

---

**Determination of Mental Retardation as a Bar to Execution**

To provide service as an Expert on the Determination of Mental Retardation as a Bar to Execution within the Sixth Judicial Circuit, check all that apply:

I have been found qualified by the Agency for Persons with Disabilities to perform evaluations of persons with mental retardation.

I am an expert in the field of mental retardation.

Please list all Sixth Judicial Circuit Judges who you have appeared before as an Expert in the Determination of Mental Retardation as a bar to Execution or other forensic Expert (and specify the other type of evaluation(s)):

---

---

**Juvenile Competency Evaluations**

To provide service as an Expert conducting Juvenile Competency evaluations within the Sixth Judicial Circuit, check all that apply:

**I am licensed by and in good standing with the State of Florida as a:**

- Physician                                       Psychiatrist                                       Psychologist

I have satisfactorily completed the required forensic training approved by the Department of Children and Family Services.

Please list all Sixth Judicial Circuit Judges who you have appeared before as a Juvenile Competency Expert or other forensic Expert (and specify the other type of evaluation(s)):

---

---

**Psychological Evaluations in Family Law Cases**

To provide service as an Expert for Psychological Evaluations in Family Law Cases within the Sixth Judicial Circuit, check all that apply:

I am a mental health professional, and licensed and in good standing with the State of Florida as a \_\_\_\_\_ (physician, psychiatrist, psychologist, etc.); or,

I am another expert qualified to perform the required evaluations.

Please list all Sixth Judicial Circuit Judges that you have appeared before as an Expert for psychological evaluations in family law cases or other forensic Expert (and specify the other type of evaluation(s)):

---

---

**A résumé must be included with this application.** Your résumé should reflect your qualifications and should correlate with the lists for which you are applying.

**Certification:** I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or résumé, or any omission of information requested will be grounds for refusal of appointment or dismissal and termination of any other contract to provide services to the Sixth Judicial Circuit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This application must be submitted to the Court Counsel’s Office, 501 1<sup>st</sup> Avenue N., Suite 1000, St. Petersburg, FL 33701, no later than 5:00 p.m., Monday, November 30, 2009.**