



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO**

**SOLANO COUNTY COURT APPOINTED MENTAL HEALTH EVALUATION PANEL
Application**

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

A. Please attach your current résumé / CV to this application.

B. Please provide a statement of qualifications and experience, including the following (use a separate sheet if necessary):

1. Education: _____

2. Years in Practice: _____

3. Employment History: _____

4. Specializations: _____

5. Special Recognition(s): _____

6. Publications: _____

C. Area(s) for which you are qualified to provide professional services:

- PC §288.1 (lewd or lascivious acts against children)
- PC § 1368/1369 (competency/developmental disability)
- PC § 1026 (not guilty by reason of insanity)
- W&I § 300 (juvenile dependency)
- W&I § 602 (juvenile delinquency)
- Adult Sentencing
- LPS Conservatorship
- Probate Conservatorship
- Other: _____
- Résumé / CV Attached

Date: _____

Signature: _____

Send completed packet to:

Presiding Judge of the Superior Court
Solano County Superior Court
Hall of Justice, 600 Union Avenue
Fairfield, California 94533
Phone: (707) 207-7373