



Superior Court of California
County of San Bernardino
 247 W. 3rd Street, 11th Floor
 San Bernardino CA 92415-0302
 doctorspanel@sb-court.org

AGREEMENT TO ACCEPT ORDERS OF PSYCHIATRIC/PSYCHOLOGICAL APPOINTMENT

Name: _____ **Email address:** _____

Address: _____ **Phone #:** _____

City/State/Zip: _____ **Fax #:** _____

CA License No.: _____

I, _____, agree to accept Orders of Psychiatric/Psychological Appointment from the Superior Court of California, County of San Bernardino to conduct the following types of evaluations (please select the evaluation types you are willing to conduct).

- PC§1368/1369/1370 Competency Evaluation and Report**
- PC§1026/1027 NGI Evaluation and Report**
- PC§288.1 Sex Offender Evaluation and Report**
- HS§3050/3051 Narcotic Evaluation and Report**
- EC§1017 Defense-requested Evaluation and Report**
- EC§730 General Evaluation and Report**

Please select the court district(s) where you are willing to accept appointments and provide testimony if needed.

- Barstow**
- Joshua Tree**
- Rancho Cucamonga**
- San Bernardino**
- Victorville**

Please select to which of the following locations you are willing to travel.

- Arrowhead Regional Medical Center**
- Central Detention Center**
- Glen Helen Rehabilitation Center**
- High Desert Detention Center (aka Adelanto)**
- West Valley Detention Center**

Please select the appointment type(s) you are willing to accept.

- Rush (ten days to submittal)**
- In custody**
- Out of custody**

Please list any foreign language abilities: _____

I understand that by accepting psychiatric/psychological appointments it is my responsibility to submit my report to the appointing court within twenty (20) days of my appointment unless other arrangements have been made by me with the appointing court.

I agree to accept appointments in accordance with the Court's Appointed Service Fee Schedule rates currently in effect at the time of my appointment by the court. I further certify that the above information and the attached curriculum vitae are true and accurate.

Signature: _____ **Date:** _____

PLEASE ATTACH YOUR CURRICULUM VITAE AND EMAIL TO THE ABOVE EMAIL ADDRESS