

APPLICATION FOR EXPERT PANEL

Name: _____ **Social Security/TIN #** _____

Address: _____ **License No.** _____
Please attach a copy of License

Telephone No. _____ **Beeper No.** _____

Area of Expertise: _____

Degrees and Certification: _____

Special Skills: Please check applicable areas.

Adolescents _____ **Children** _____ **Child Abuse** _____

Competence _____ **Developmental Disabilities** _____ **Spousal Abuse** _____

Drug/Alcohol Abuse _____ **Mental Handicaps** _____ **Physical Handicaps** _____

Sex Offenders _____ **Investigations** _____

Other (Please Specify) _____

Foreign Language (Please Specify)

Please Check Here if you are unwilling to go to detention facilities _____

Please provide the names, addresses and telephone numbers of three attorneys with whom you have recently worked (include dates worked). You may include any information which you feel the Panel will deem pertinent to your application.

A COPY OF YOUR CURRENT RESUME MUST BE ATTACHED.

Attorney Name

Address

Telephone

COMMENTS:

ASSIGNED COUNSEL PLAN COMMENTS:

Date rec'd _____
Date approved _____
Authorization _____