



Superior Court of California
 County of San Bernardino
 247 West 3rd Street, 11th Floor
 San Bernardino, Ca. 92415-0302
doctorpanel@sb-court.org

Agreement to Accept Orders of Psychiatric/Psychological Appointment

Name: _____ Email Address: _____
 Address: _____ Phone Number: _____
 City/State/Zip: _____ Fax Number: _____
 CA. License Number: _____ Check here if Board Certified in your field

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

- PC1368/1369/1370 Competency Evaluation and Report
- PC1026/1027 NGI Evaluation and Report
- PC288.1 Sex Offender Evaluation and Report
- HS3050/3051 Narcotic Evaluation and Report
- EC1017 Defense-requested Evaluation and Report
- EC730 General Evaluation and Report

Members of our Doctor's Panel must be willing to accept appointments and provide testimony (if needed) at the following locations:

Joshua Tree
 Rancho Cucamonga
 San Bernardino
 Victorville

Members of our Doctor's Panel must be willing to travel to the following locations:

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 (10 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, along with my invoice, 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 Services Fee Schedule rates currently in effect at the time the court appoints me. I further certify that the above information and the attached curriculum value are true and accurate.

Signature: _____ Date: _____

PLEASE ATTACH YOUR CURRICULUM VITAE AND EMAIL TO doctorspanel@sb-court.org