



SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

MEDICAL EXAMINERS LIST
APPLICATION FORM

A. CONTACT INFORMATION

FULL NAME:
MAILING ADDRESS:
CITY / STATE / ZIP
TELEPHONE NO:
FACSIMILE NO:
CELL OR OTHER NO:
E-MAIL ADDRESS:
PSYCHOLOGIST OR PSYCHIATRIST

B. LOCATION(S) WHERE YOU WISH TO BE PLACED ON THE LIST:

(Check all that apply)

- Desert Region (Indio / Blythe)
Mid-County Region (Murrieta)
Western Region (Banning / Riverside)

C. TYPES OF REPORTS: (Check all that apply)

- P.C. §288.1
E.C. §730
E.C. §1017
P.C. §§1026 / 1027
P.C. §1368
P.C. §1369
P.C. §1370
P.C. §2962
P.C. §2970
WIC §370
WIC §3050
WIC §3051
WIC §3102
WIC §5303.1
WIC §6600
Other

D. FOREIGN LANGUAGE INFORMATION: _____

E. NAME(S) OF JUDGE(S) WHO APPOINTED YOU IN THE PAST:

Please attach all of the following:

- Recent reports written specifically for Riverside County Superior Court
- Curriculum vitae
- Written certification that your medical license is active and you are in good standing with the appropriate California licensing board.

I affirm that the above information and the information in the attached curriculum vitae are true and correct.

Signature: _____

Print Name: _____

Date: _____