



SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MEDICAL EXAMINERS LIST
APPLICATION FORM

A. CONTACT INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Telephone numbers:

Daytime: _____ Fax: _____ Cell: _____

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)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> E.C. §730 | <input type="checkbox"/> P.C. §1369 | <input type="checkbox"/> WIC §3050 |
| <input type="checkbox"/> E.C. §1017 | <input type="checkbox"/> P.C. §1370 | <input type="checkbox"/> WIC §3051 |
| <input type="checkbox"/> P.C. §288.1 | <input type="checkbox"/> P.C. §2962 | <input type="checkbox"/> WIC §3102 |
| <input type="checkbox"/> P.C. §1026/1027 | <input type="checkbox"/> P.C. §2970 | <input type="checkbox"/> WIC §5303.1 |
| <input type="checkbox"/> P.C. §1368 | <input type="checkbox"/> WIC §370 | <input type="checkbox"/> WIC §6600 |
| <input type="checkbox"/> Other _____ | | |

D. FOREIGN LANGUAGE INFORMATION: _____

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

<input type="checkbox"/> Application Renewal <i>(Please attach all of the following):</i> <ul style="list-style-type: none"> <input type="checkbox"/> Recent reports written specifically for Riverside Superior Court <input type="checkbox"/> Curriculum vitae <input type="checkbox"/> Written certification that your medical license is active and that you are in good standing with the appropriate California licensing board. 	<input type="checkbox"/> New Application <i>(Please attach all of the following):</i> <ul style="list-style-type: none"> <input type="checkbox"/> A recent writing sample <input type="checkbox"/> Curriculum vitae <input type="checkbox"/> Written certification that your medical license is active and that you are in good standing with the appropriate California licensing board.
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I affirm that the above information and the information in the attached curriculum vitae are true and correct.

Date: _____

 (TYPE OR PRINT NAME OF APPLICANT)

 (SIGNATURE OF APPLICANT)