



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

EXPERT WITNESS LIST FOR PHYSICIANS, PSYCHIATRISTS, AND PSYCHOLOGISTS AGREEMENT

I hereby acknowledge that I have read, understand, and agree to abide by the terms, conditions, rates, and requirements explained in the Policy for Expert Witness List for Physicians, Psychiatrists, and Psychologists for Criminal Cases (EWL) (SDSC Form #ADM-217), including sections addressing purpose, selection and evaluation, removal and active status, fee schedule and payment, and that no contract of employment, express or implied, is created.

I declare under penalty of perjury under the laws of the State of California, that all information and documentation provided as part of this EWL application are true and complete. I understand that any false, incomplete or incorrect information or documentation may result in my disqualification from the selection process or removal from the active list.

I further recognize that the court may revise this policy at any time.

Date: _____

Type or print name

Signature

Occupation and CA License # _____

Address: _____

Telephone Number: _____ Fax Number: _____

Complete, sign and return this agreement with the required information and documentation to:

Superior Court of California, County of San Diego
Attn: Central Division Manager, Criminal Courtroom Clerks
1100 Union Street
San Diego, CA 92101