

**FIFTEENTH JUDICIAL CIRCUIT'S APPLICATION TO CONDUCT  
SOCIAL/CUSTODY INVESTIGATIONS IN FAMILY LAW CASES 5/09**

Please complete the following application to provide service as a either a Mental Health Expert or Social/Custody Investigator. This application must be completed in its entirety if you wish to be considered for appointment. **A resume must be included with this application.** Your resume should address your experience with conducting examinations in Family Law Cases.

**Applicant Information:**

Name: \_\_\_\_\_

Florida Department of Health License#: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Business#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please check off if you have completed the following requirements:** (Application can not be considered until the following requirements have been fulfilled)

- I will notify the Chief Judge of the Fifteenth Judicial Circuit of any formal complaint filed against me by the Florida Department of Health or any other medical licensing authority, and of any non-confidential consent agreements entered into between the licensing authority and me.
- I have familiarized myself with Administrative Order No. 2.601 (as amended), and all other Fifteenth Circuit Court Administrative Orders concerning Experts and agree to provide services in accordance with those Administrative Orders.
- I have familiarized and updated myself with the Florida Family Law Rules of Procedure and with Florida Statute Chapter 61, specifically with changes made to Fla. Stat. 61.20 in October 2008 regarding Social Investigations and recommendations regarding parenting plans.

**Please check the following that apply:**

- Licensed Psychologist       Licensed Clinical Social Worker       Licensed Marriage and Family Therapist       Licensed Mental Health Counselor
- I will **NOT** accept emergencies.
- I will **NOT** evaluate at the jail.

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or resume, or any omission of information requested will be grounds for refusal of appointment or dismissal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**RETURN ALL PAGES OF THIS APPLICATION TO:**

Court Administration, Expert Witness Services  
Fifteenth Judicial Circuit  
205 North Dixie Highway, Suite 5.1709, West Palm Beach, FL 33401