

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

Application for Approval to Serve as a Member of the Evaluator Referral List

The undersigned, being first duly sworn, provides this Court with the following information to be granted permission to serve as a Member of the Evaluator Referral List for the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois pursuant to Local Court Rule 4-3.08:

1. I am:

☐ Filling out a new application

☐ Renewing my application

2. My Full Name: _____

3. Other Names By Which I Have Been Known: _____

4. My Date of Birth: _____

5. My Current Professional Address: _____

6. My Current Residential Address: _____

7. Other Professional and Residential Addresses I have utilized over the last five (5) years:

8. My Current Professional Email Address: _____

9. My Current Professional Phone Number: _____

10. Rate for Evaluator work (Retainer, Hourly, Report, Flat fee etc.):

\$ _____

11. Typical time frame it takes to complete a written report after receiving all information/completing all interviews.

12. I ☐ do ☐ do not speak another language. If so, what language(s): _____

13. There ☐ is ☐ is not someone in my office that can translate for me if sent a case of another language. If so, what language: _____

14. (a) ☐ No, I have never been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a minor traffic offense].

☐ Yes, I have been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a minor traffic offense].

(b) If "Yes", state the facts and circumstances fully including date, court and disposition. Use a **separate attachment**.

15. Describe all post-high school education, including graduate and post-graduate work:

School: _____

Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

School: _____

Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

School: _____

Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

[Use Separate Sheet, if necessary]

16. ☐ I have a minimum of a master's degree in a field of mental health.

17. ☐ I have five (5) years of experience in the field of family counseling.

18. ☐ I have a valid license from the State of Illinois to practice my profession as a social worker, marriage and family counselor, psychologist or psychiatrist, proof of which is attached as **Exhibit A** (copy of certificate). Please state all licensing agencies and license numbers below.

List all professional or occupational licenses (other than law) which you have ever had. Check "C" if the license is still current.

<u>License Type/Number</u>	<u>Licensing Agency</u>	<u>Date</u>	<u>"C"</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

19. Fill out the chart below with information from the past 10 years:

Type of Issue	Number of Cases	Depositions	Trials
Allocation of Parental Decision Responsibility			
Relocation			

Type of Issue	Number of Cases	Depositions	Trials
Abuse: Physical and/or Sexual			
Abuse: Alcohol and/or Substances			
Mental Health Examination (215)			
Alcohol Assessment			
Anger Assessment			
Drug Assessment			
Other:			

20. ☐ I have and agree to maintain professional liability insurance which covers services provided as a result of the referral, proof of which is attached as **Exhibit B** (copy of the declarations page and any additional documentation to verify that your policy expressly covers Court referrals).
21. a) ☐ I have a minimum of two (2) years of experience in performing custody/parental responsibility evaluations, proof of which is attached as **Exhibit C** (copy of one redacted custody/parental responsibility evaluation prepared in the last four (4) year period);
OR
b) ☐ I do not have a minimum of two (2) years of experience in performing custody/parental responsibility evaluations, but I will agree to participate in the Family Court "Education, Observation, and Supervision" EOS Mentoring Program pursuant to Local Court Rule 4-3.08.C4
22. I have read and understand, and agree to be bound by and follow, the Evaluator Referral List Local Court Rule 4-3.08 for the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, including but not limited to, the qualification requirements, conditions of membership and time and fee requirements.
23. I am a member in good standing in one or more professional organization(s) of my discipline, listed as follows:
- _____
- _____
- _____
24. A copy of my curriculum vitae is attached as **Exhibit D**.
25. I agree to immediately notify the Presiding Judge of the Family Division of the Nineteenth Judicial Circuit court of (a) any changes to licensing status identified in paragraph 11 above and/or (b) of any disciplinary action taken against me within seven (7) days of notification.
26. I understand that I maybe required to testify notwithstanding any monies owed.
27. I respectfully request that the Court review my application, and if I am found to be qualified and eligible under Local Court Rule 4-3.08, that I be placed on the Evaluator Referral List of approved Mental Health Professionals. If approved, I agree to be bound by the Rules of the Evaluator Referral List of the Circuit Court of the Nineteenth Judicial

Circuit, Lake County, Illinois, including the publication of my name and business address in the Court's written and electronic materials; and I also agree to execute a Waiver, Release and Indemnification of Claims document prior to the commencement of my membership.

Submitted:

Signature of Applicant

Verification by Certification

I, _____, have read the foregoing Application, have personal knowledge of the contents thereof, including the Exhibits attached hereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Dated _____

Signature of Applicant

CONSENT FOR BACKGROUND CHECK

The Nineteenth Judicial Circuit Court has my consent to conduct a criminal record check as a requirement of my Application for Approval to Serve as a Member of the Evaluator Referral List.

Name (Please Print): _____

Maiden Name (If Applicable): _____

Date of Birth (mm/dd/yyyy): _____

Gender: _____

Signature: _____ Date: _____

WAIVER, RELEASE AND INDEMNIFICATION OF CLAIMS

WHEREAS, the Nineteenth Judicial Circuit has agreed to accept individuals in the field of Mental Health as members of the Evaluator Referral List for the purposes of family investigations, evaluations and counseling in cases referred from the Family Division;

WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as a member of the Evaluator Referral List;

WHEREAS, I, as a Evaluator Referral List member, am required to participate in assignments as directed by the Nineteenth Judicial Circuit;

NOW THEREFORE, I, hereby, in consideration of my acceptance by the Nineteenth Judicial Circuit as a Member of the Evaluator Referral List, do release and waive any and all claims or demands of any nature whatsoever, which I have now or may in the future acquire, against the Nineteenth Judicial Circuit Court together with the officers, agents and employees of the Nineteenth Judicial Circuit, resulting from my service as a Member of the Evaluator Referral List.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Evaluator Referral List, to indemnify and hold harmless said Nineteenth Judicial Circuit Court, their officers, Agency and employees from any liability, which may be incurred by them, or any of them, proximately resulting from and acts by me during such Evaluator Referral List assignments.

I further represent that I understand all risks involved and agree that this waiver, release and indemnification of claims shall be binding upon my heirs, executors and administrators.

Signature: _____ Date: _____