

ATTACHMENT C

SAMPLE AGREEMENT FOR PSYCHOLOGICAL EVALUATION SERVICES

Superior Court of California, County of Butte
Butte County Courthouse
One Court Street
Oroville, CA 95965

AGREEMENT TO ACCEPT ORDERS OF PSYCHIATRIC/PSYCHOLOGICAL APPOINTMENT

Name: **DRAFT** Email address: _____

Address: _____ Phone #: _____

City/State/Zip: _____ Fax #: _____

CA License No.: _____

I, _____, agree to accept
Orders of Psychiatric/Psychological Appointment by the Superior Court of California, County of
Butte in the following types of cases:

PC §1368/1369/1370 Competency Evaluation and Report

PC §288.1 Sex Offender Evaluation and Report

WIC §3050/3051 Narcotic Evaluation and Report

WIC §5303.1 Civil Commitment

PC §1026 Not Guilty by Reason of Insanity

Foreign language abilities and/or credentials:

Please check if you would be willing to accept the following types of appointments.

Rush (ten days to submittal)

Out of custody

Butte County Jail

I understand that by accepting psychiatric/psychological appointments it is my responsibility to submit my report to the appointing court within thirty (30) days of my appointment unless other arrangements have been made by me with the appointing court. I agree to accept appointments in accordance with the Court's Appointed Service Fee Schedule rates currently in effect at the time of my appointment by the court as applicable by statute. I further certify that the above information is true and accurate.

Signature: _____ *DRAFT* _____ Date: _____ *DRAFT* _____

Print Name: _____ *DRAFT* _____