THE STATE OF FLORIDA

**JUSTICE ADMINISTRATIVE COMMISSION**

227 North Bronough Street, Suite 2100
Tallahassee, Florida 32301

# APPLICATION FOR CIVIL COMMITMENT EXPERT REGISTRY

Pursuant to s. 394.932, F.S., mental health and other experts available to provide examinations and offer expert testimony in Involuntary Civil Commitment of Sexually Violent Predator proceedings should complete the following form.

1. Name: _____

2. Firm Name: _____

3. Address: _____

4. Telephone: _____

5. Email Address: _____

6. In which judicial circuit(s) are you willing to provide services? (Select all that apply)

| | | | | |
|---|---|---|---|---|
| ☐ 1st | ☐ 5th | ☐ 9th | ☐ 13th | ☐ 17th |
| ☐ 2nd | ☐ 6th | ☐ 10th | ☐ 14th | ☐ 18th |
| ☐ 3rd | ☐ 7th | ☐ 11th | ☐ 15th | ☐ 19th |
| ☐ 4th | ☐ 8th | ☐ 12th | ☐ 16th | ☐ 20th |

7. Please list the Expert services you are eligible to provide:

_____

_____

8. Do you hold a professional license(s) in the state of Florida (i.e. LMHC, LCSW, Ph.D, M.D., J.D., etc.)?

☐ Yes ☐ No



*Revised 8/28/26*

9. If "Yes" to Question 8, please list your Florida License Number(s) and Issuing Authority, e.g., Florida Bar No. 0000001.

_____

10. Do you have a current JAC Due Process Vendor Contract?

☐ Yes ☐ No

**BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING:**

- **THAT YOU ARE LICENSED IN THE STATE OF FLORIDA;**
- **THAT YOU ARE WILLING TO PROVIDE EXPERT SERVICES IN CIVIL COMMITMENT CASES;**
- **THAT, IF APPROVED BY A COURT TO PROVIDE SERVICES, YOU WILL EXECUTE A JAC DUE PROCESS VENDOR CONTRACT (TYPE 2) IN ORDER FOR JAC TO PROCESS YOUR BILLS;**
- **THAT YOU CONSENT TO JAC PUBLISHING THE INFORMATION ABOVE ON JAC'S PUBLIC WEBSITE AND OTHER PROFESSIONAL JOURNALS.**

_____ _____

Signature Date

**Please return the completed form to contracts@justiceadmin.org.**