CRIMINAL DIVISION

# *The Superior Court*

LOS ANGELES, CALIFORNIA 90012

## APPLICATION FOR PRIVATE INVESTIGATOR PANEL

[PLEASE TYPE OR PRINT CLEARLY]

Full Name: _____
Last Name First Name Middle Initial

Business Name: _____

Business Address: _____

Business Telephone: _____ FAX Phone: _____

E-mail Address: _____ Cell Phone: _____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| What is your California License No.? **(Attach signed 'qual mgr/owner of' copy)** | **PI** | | | | | | Are you now engaged full-time as a private investigator? ☐ Yes ☐ No | | | |
| **Original Issue Date:** | Mo. | Day | Yr. | **Expiration Date:** | Mo. | Day | Yr. | | | |
| Has your license ever been conditioned, suspended or revoked? ☐ Yes ☐ No | | | | Have you ever been arrested or convicted of a crime? ☐ Yes ☐ No | | | | Have you previously applied to to this panel? ☐ Yes ☐ No | | |
| **If "Yes" to any question, provide an explanation on a separate sheet and attach to this Application.** | | | | | | | | | | |

**ATTACH RESUMÉ** detailing your background, felony-level experience and your employment history covering the particular dates of employment and reasons for leaving.

List any foreign language(s) in which you are fluent: _____ _____

List any geographical areas or communities in which your experience and contacts would enhance your effectiveness (i.e., San Fernando Valley, Venice, WLA, Southwest L.A., Bay Cities, etc.):

_____ _____

_____ _____

List any felony-level investigative specialties (i.e., Homicide, Robbery, Burglary, Narcotics, Domes. Violence, Gangs, etc.):

_____ _____

_____ _____

I have read and understand the Policies and Procedures of the Superior Court with respect to Private Investigator Appointments, and I agree to comply with them. I understand that failure to comply with the Policies and Procedures may constitute grounds for removal from the Private Investigator Panel. I further agree that the Bureau of Security and Investigative Services of the Department of Consumer Affairs may disclose to the Private Investigator Committee any and all records they have concerning professional complaints against me, and I waive confidentiality as to the same.

I understand that I serve at the pleasure of the Private Investigator Committee of the Superior Court and that my name can be removed from the list without question.

Date: _____ Signature: _____

***Mail completed application and attachments to: Foltz Criminal Justice Center, 210 W. Temple St., Room 5-305, Los Angeles, CA 90012, Attn: GT/Judicial Secty. [Incomplete applications will not be forwarded to Committee.]***

PIFORM [Rev. 11/11]

Print Save Clear