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Referred By (If applicable): _____

CONVICTIONS, SANCTIONS, REVOCATIONS

Have you ever been convicted of a felony, sanctioned by a court of law, or had a license, permit, certification or professional accreditation revoked? No Yes, please attach an explanation.

REFERENCES

Completed by Professional Membership and Associate Membership Applicants. References will be contacted.

- *Professional Membership: Provide three (3) attorney references who have employed you as a forensic consultant and have provided testimonies and/or depositions.*
- *Associate Membership: Provide three (3) attorney and/or professional references.*

| Name | Email | Telephone | Mailing Address (Street, City, State, ZIP) |
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QUALIFICATIONS

Completed by Professional Membership Applicants.

| Date | Court Case No. | Case Title | Attorney (Name, Address, Telephone, Email) |
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AFFIRMATION

- I certify that the information contained herein is true, complete and accurate to the best of my knowledge and belief. My signature authorizes the Forensic Expert Witness Association, or its representatives, to verify any and all information provided in connection with this application and the attached resume or CV.
- I hereby hold that the Forensic Expert Witness Association and its Board of Directors, representatives, all individuals, institutions, etc. harmless in connection with the verification of any or all information contained herein.
- If my membership in FEWA is accepted, I agreed to abide by FEWA’s Code of Ethics (available at www.forensic.org).

 Name (*Print or type*) Signature Date