

**SERIAL 06138 S      JUVENILE MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT**

**DATE OF LAST REVISION: July 22, 2008      CONTRACT END DATE: January 31, 2010**

**CONTRACT PERIOD THROUGH JANUARY 31, 2010**

**TO:                    All Departments**

**FROM:                Department of Materials Management**

**SUBJECT:            Contract for JUVENILE MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **January 17, 2007**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

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Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to:            Materials Management  
                        Dennis Flynn, Correctional Health Services

INVITATION FOR BID FOR: **JUVENILE MENTAL HEALTH SERVICES/MARICOPA COUNTY SUPERIOR COURT (NIGP 95262)**

**1.0 INTENT:**

The intent of this solicitation effort is to solicit applications/responses from those qualified individuals (Experts) to provide juvenile competency examinations, reports, and, if necessary testify regarding the juvenile’s competency for the Maricopa County Superior Court as defined herein. The Experts will perform services within their expertise as needed in matters before the Maricopa County Superior Court (“Court”). This solicitation seeks Experts with qualifications to perform juvenile competency examinations, reports, and, if necessary testify regarding the juvenile’s competency for the Maricopa County Superior Court as mandated by ARS Title 8, Chapter 2, Article 8. Awards made as a result of this solicitation effort will be “contractor positions”.

Maricopa County reserves the right to add provider contractors to this contract, as requirements demand. The contract resultant of this solicitation shall be a requirement contract. Multiple awards will be made to meet the requirements of the County.

*In the event you are a current provider of this service (for juveniles), as defined herein, to the Superior Court of Maricopa County, it is important that you understand the necessity of submitting a response to this solicitation, should you desire to provide contractor services as defined herein. The current contractor positions (providers) will cease to exist, in the near future.*

**CONTRACT AWARDS WILL BE MADE TO INDIVIDUALS ONLY. NO AWARDS WILL BE MADE TO A FIRM. TO BE ELEGIBLE FOR CONTRACT AWARD, EACH INDIVIDUAL SHALL BE REGISTERED AS A VENDOR WITH MARICOPA COUNTY, AS AN INDIVIDUAL. SEE EXHIBIT 1 FOR VENDOR REGISTRATION INSTRUCTIONS.**

**2.0 SCOPE OF WORK, MINIMUM SPECIFICATIONS, CONDITIONS OF PARTICIPATION :**

**-PREFACE-**

Respondents/applicants shall be appropriately qualified and fully capable, to perform/provide the following functions/services:

Competency examination pursuant to Rule 11 of the Arizona Rules of Criminal Procedure. The Expert will examine a person charged with a crime in the Superior Court (“defendant”) and recommend whether, as a result of a mental illness, defect or disability, the defendant is unable to understand the proceedings against him or her or to assist in his or her own defense.

1. Outpatient competency treatment pursuant to Rule 11 of the Arizona Rules of Criminal Procedure. The Expert will treat a defendant who has been found incompetent pursuant to Rule 11, Arizona Rules of Criminal Procedure. In some cases, subject to Court approval, the Expert may supervise other qualified persons to treat the defendant. For example, the Expert may use the services of another qualified professional when the defendant needs educational services explaining the criminal justice process or the role of defense counsel and prosecuting attorney. The Expert should detail the qualifications of any other professional that the Expert proposes to use and describe the types of services that the other professional will provide.

*All interested parties should understand that the County is not soliciting the services of general employment agencies for these contracts. It is seeking physicians, psychologists and other medical professionals who can demonstrate the requisite background and experience in legal determinations.*

2.1 SCOPE OF WORK:

- A. The Superior Court Administrator or designee will assign a case to an Expert.
- B. Payment is on a per-assignment basis and will be made to the Provider subsequent to completion.
- C. Experts shall submit work product in the format and according to the schedule set by the Court. An Expert shall consult the applicable statutes and rules of court for deadlines and time-sensitive matters.
- D. An Expert shall inform the Court of problems arising from the Court's notice of appointment and work with the Court through the Forensic Service Unit, judge or counsel, as may be appropriate, to resolve such problems.

2.2 MINIMUM QUALIFICATIONS:

- A. ***Qualifications for Physicians:*** A physician wishing to qualify as a "mental health expert" defined under A.R.S. § 13-4505 A shall:
  1. Be a Medical Doctor or Osteopathic Physician currently licensed by the State of Arizona under Title 32, Chapters 13 or 17; and
  2. Be a graduate of a residency program in psychiatry accredited by the American College of Graduate Medical Education or foreign equivalent; and
  3. Submit to the court evidence of forensic experience and/or training in forensic psychiatry, as evidenced by either a, b, c or d below:
  4. Completion of one or more years of a Forensic Psychiatry fellowship and three reference familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychiatry; or
  5. Certification by the American Board of Forensic Psychiatry or added qualifications in forensic psychiatry by the American Board of Psychiatry and Neurology and three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor's practice of forensic psychiatry; or
  6. Three years of post-residency experience, including 500 hours in forensic psychiatry, substantiated by submission of at least five written reports concerning competency to stand trial and three referenced familiar with the work product, at least one of whom is a Superior Court Judge, Commissioner or Hearing Officer concerning the vendor's practice of forensic psychiatry; or
  7. Two years of post-residency experience, with documentation of at least 1) 30 cumulative hours of forensic CME, or 2) residency training in forensic psychiatry within the previous three years and completion of the court-approved clinical preceptorship, and three references concerning the vendor's practice of psychiatry who are familiar with the work product.
  8. ***All respondents shall have completed a four (4) hour training course mandated by the Arizona Office of the Courts (AOC) and as provided in A.R.S. § 13-4501 (3) (c) and Rule 11 of the Rules of Criminal Procedure for the superior courts of Arizona. The last course was performed in September 2003 and tapes are available from Shawn Smith, Operations Coordinator for the Superior Court of Arizona (602) 506 – 6568. In the event that tapes are viewed, to meet this requirement, the Expert shall submit a written notification to the juvenile court stating that the required tapes have been viewed.***

B. ***Qualifications for Psychologists:*** A psychologist wishing to qualify as a “mental health expert” defined under A.R.S. § 13-4505 A shall:

1. Be licensed pursuant to Title 32, Chapter 19.1; and
2. Have completed training and/or gained experience in one of the following ways:
  - a. Diplomat status by the American Board of Forensic Psychology (American Board of Professional Psychology) and submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor’s practice of forensic psychology; or
  - b. Three years of post-doctoral (although not necessarily post-licensure) experience in the practice of psychology including either 1) one year (1500 hours) of pre-doctoral forensic training with appropriate supervision as defined in A.R.S. § 32-2071(D) or 2) one year (1500 hours) of post-doctoral forensic training, fellowship, or verifiable work experience in a forensic setting. And submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor’s practice of forensic psychology. If this training or experience is undertaken prior to licensure, it shall be appropriately supervised as defined in A.R.S. §32-2071 (E); or
  - c. Five years of post-licensure practice of psychology as defined in A.R.S. § 32-2061(7). In addition, 500 hours of documented experience in forensic psychology, plus 30 hours of continuing education in forensic psychology. And submission of three references familiar with the work product, at least one of whom is a superior court judge or commissioner, concerning the vendor’s practice of forensic psychology; or  
  
Five years of post-licensure practice of psychology as defined in A.R.S. § 32-2601 (7) plus willingness to attend court-approved clinical preceptorship and submission of three references concerning the applicant’s practice of psychology who are familiar with the work product.
3. ***All respondents shall have completed a four (4) hour training course mandated by the Arizona Office of the Courts (AOC) and as provided in A.R.S. § 13-4501 (3) (c) and Rule 11 of the Rules of Criminal Procedure for the superior courts of Arizona. The last course was performed in September 2003 and tapes are available from Shawn Smith, Operations Coordinator for the Superior Court of Arizona (602) 506 – 6568. In the event that tapes are viewed, to meet this requirement, the Expert shall submit a written notification to the juvenile court stating that the required tapes have been viewed.***

C. ***Qualifications for Other Medical Professionals.*** Other medical professionals wishing to qualify for this solicitation shall:

1. Be licensed, if the applicable statute requires licensure as a prerequisite for the service that the Expert desires to provide. Experts who desire to know whether a service requires licensure may request clarification, in writing, from Materials Management or may submit a request for clarification with their qualifications, which shall be answered, in writing, after submittals have been opened.
2. Submit a complete description of their formal education, training and experience in providing the service.
3. Be willing to attend court-approved education and training that is relevant to the service that the Expert desires to provide.

4. *All respondents shall have completed a four (4) hour training course mandated by the Arizona Office of the Courts (AOC) and as provided in A.R.S. § 13-4501 (3) (c) and Rule 11 of the Rules of Criminal Procedure for the superior courts of Arizona. The last course was performed in September 2003 and tapes are available from Shawn Smith, Operations Coordinator for the Superior Court of Arizona (602) 506 – 6568. In the event that tapes are viewed, to meet this requirement, the Expert shall submit a written notification to the juvenile court stating that the required tapes have been viewed.*

2.3 CONDITIONS OF PARTICIPATION:

- A. *Each Expert shall submit the following information in response to this solicitation:*
  - 1 *a copy of current licenses, certifications held, related to this solicitation*
- B. Each Expert responding to this solicitation agrees to do the following if selected:
  - 1 Meet all court requirements for report content;
  - 2 Participate in ongoing court and peer review concerning reports submitted to the Court;
  - 3 Attend periodic additional forensic education training sessions as determined necessary by the Court at the expense of the contractor;
  - 4 Supply additional information as may be required from time to time by the Court, including evidence of participation in continuing forensic education;
  - 5 Behave with professional courtesy to all defendants assigned through the Court's appointment procedure;
  - 6 Enter into a contract setting out such additional terms and a fee schedule as agreed by the parties; and
  7. Remain in good standing with the County by continuing to comply with all conditions of participation.
- C. *Each Expert responding to this solicitation warrants and represents that within the past five years no regulating agency has restricted the Expert's license or scope of practice for any matter related to mental health services.*

2.4 COMPENSATION/FEES:

**Compensation/fees are pre-determined. See Pricing Page, Attachment A for "per assignment" and/ or "hourly rate".**

**Allowable "no show fees" and allowable "trial testimony fees" are incorporated into this solicitation. Definitions are listed below.**

**"NO SHOW" FEES**

**Maricopa County will pay a Mental Health Expert a flat fee of \$150.00 for a missed appointment (No Show Fee) (defendant) only in the following circumstances:**

1. **The Service to be provided is an out-of-custody evaluation pursuant to Rule 11, Arizona Rules of Criminal Procedure;**
2. **The Mental Health Expert, the court, or counsel informed the client of the date of the appointment;**
3. **The client was more than 15 minutes late for the appointment.**

**TRIAL TESTIMONY**

**In the event the Mental Health Expert is called to testify in support of findings rendered pursuant to this contract, Maricopa County will pay the Mental Health Expert up to \$450.00 per day, as determined by the following rate: \$300.00 for the first four hours of testimony and \$150.00 for any testimony in excess of four hours for the day.**

**2.5 WHAT TO SUBMIT AS A RESPONSE TO THIS SOLICITATION (MANDATORY)**

**PLEASE SUBMIT FIVE (5) COPIES, (ONE (1) "ORIGINAL" AND FOUR (4) "COPIES") OF THE FOLLOWING TO THE ADDRESS LISTED IN THE "INQUIRIES" SECTION.**

**2.5.1 ATTACHMENT A**

**2.5.2 ATTACHMENT B**

**2.5.3 ATTACHMENT C**

**2.5.4 CREDENTIALS (COPIES OF LICENSES, DIPLOMAS, CERTIFICATIONS, ETC., EDUCATIONAL ACCOMPLISHMENTS) BRIEF RESUME OR CV WHICH DETAILS THE RESPONDENT'S EDUCATIONAL ACCOMPLISHMENTS AND EXPERIENCE RELATED TO THIS SOLICITATION.**

**2.6 USAGE REPORT:**

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

**2.7 FACILITIES:**

During the course of this Contract, the County shall provide the Contractor's personnel with adequate workspace for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

**2.8 INVOICES AND PAYMENTS:**

2.8.1 The Contractor shall submit two (2) legible copies of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:

- 2.8.1.1 Company name, address and contact
- 2.8.1.2 County bill-to name and contact information
- 2.8.1.3 Contract Serial Number
- 2.8.1.4 County purchase order number
- 2.8.1.5 Invoice number and date
- 2.8.1.6 Payment terms
- 2.8.1.7 Date of service or delivery
- 2.8.1.8 Quantity (number of days or weeks)
- 2.8.1.9 Contract Item number(s)
- 2.8.1.10 Description of Purchase (product or services)
- 2.8.1.11 Pricing per unit of purchase
- 2.8.1.12 Freight (if applicable)
- 2.8.1.13 Extended price
- 2.8.1.14 Mileage w/rate (if applicable)
- 2.8.1.15 Arrival and completion time (if applicable)
- 2.8.1.16 Total Amount Due

**Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.**

2.8.2 Payment will be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Award the Contractor shall fill out an EFT Enrollment form (to be provided by the Procurement Officer) or as located on the County Department of Finance Website as a fillable PDF document ([www.maricopa.gov/finance/](http://www.maricopa.gov/finance/)).

2.8.3 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

2.9 TAX:

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.10 CONFLICTS

**A Mental Health Expert who performs a service regarding a defendant pursuant to this contract shall refrain from accepting employment from the defendant or the defendant's counsel in the same case or matter in which the Mental Health Expert was appointed pursuant to this contract. A Mental Health Expert who has been employed by a defendant or the defendant's counsel in a case or matter shall not perform, or accept appointment to perform, services pursuant to this contract regarding the defendant in the same case or matter. A material breach of this provision shall be grounds to terminate this contract and for restitution of monies that the County paid to the Mental Health Expert in the matter constituting the breach. This provision may be enforced by setoff against other monies owed by the County to the Mental Health Expert.**

2.11 VENDOR REGISTRATION:

***Respondents are required to be registered with Maricopa County prior to receiving an award for any County Business. Failure to comply with this requirement will cause your response to be declared non-responsive, and not considered for award. SEE EXHIBIT 1 FOR INSTRUCTIONS NO AWARDS CAN BE MADE TO ANY RESPONDENT NOT REGISTERED AS A VENDOR***

**3.0 SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT TERM:

This Invitation for Bid is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month basis for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 COMPENSATION/FEE ADJUSTMENTS:

Compensation/Fee adjustments, if any, will be determined by the Maricopa County Superior Court.

3.4 INDEMNIFICATION AND INSURANCE:

3.4.1 INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.5 INSURANCE REQUIREMENTS

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contractor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

Contractor is required to procure and maintain the following coverages indicated by a checkmark:

3.5.1 Commercial General Liability:

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.5.2 Automobile Liability:

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.5.3 Certificates of Insurance.

3.5.3.1 Prior to commencing work or services under this Contract, Contractor shall furnish the County with certificates of insurance, or formal endorsements as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

3.5.3.2 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy (ies) required by this contract is (are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **Contractor's** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **County** fifteen (15) days prior to the expiration date.

3.5.3.3 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.6 NO GUARANTEED QUANTITIES.

The Respondent understands and hereby acknowledges that the County makes no representations nor guarantees the Respondent any minimum or maximum number of units of service to be provided under this Contract

3.7 ORDERING AUTHORITY.

3.7.1 Respondents should understand that any request for purchase of materials or services shall be accompanied by a valid purchase order, issued by Materials Management, or by a Certified Agency Procurement Aid (CAPA).

3.7.2 Contract award is in accordance with the Maricopa County Procurement Code. All requirements for the competitive award of this Contract have been met. A purchase order for the products is the only document necessary for Customers to purchase and for the Respondent to proceed with delivery of materials available under this Contract.

3.7.3 Any attempt to represent any service not specifically awarded under this Contract is a violation of the Contract. Any such action is subject to the legal and contractual remedies available to the County, inclusive of, but not limited to, Contract cancellation, suspension and/or debarment of the Respondent.

3.8 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION  
320 W. LINCOLN ST.  
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT OFFICER, 602-506-3274  
([sfisher@mail.maricopa.gov](mailto:sfisher@mail.maricopa.gov))

Technical telephone inquiries shall be addressed to:

Dennis Flynn, Contracts Administrator, Correctional Health Services, 602-506-5579

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 EVALUATION CRITERIA.

3.9.1 The evaluation of Bids will be based on, but will not be limited to, the following:

3.9.1.1 Full compliance with specifications.

3.9.1.2 Submission of copies of licensing, certifications, resume, CV, and other documents, as requested, indicating relevant experience and qualifications. for review.

3.9.1.3 Determination of Responsibility.

3.9.2 The County reserves the right to make multiple awards, where such action serves the County's best interest.

3.10 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS.

**Respondents shall provide one (1) original hardcopy (labeled), AND four (4) hardcopy copies, of their bid, including pricing, of all other items required.** Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **The owner, corporate official or partner who has been authorized to make such commitments must sign bids.**

3.11 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent must review its Bid submission to assure the following requirements are met.

3.11.1 **Mandatory:** Attachment "A", Pricing;

3.11.2 **Mandatory:** Attachment "B", Agreement; and

3.11.3 **Mandatory:** Attachment "C", References.

3.11.4 **Mandatory:** Copies of applicable licensing and certifications, CV or resume inclusive educational accomplishments and experience related to this solicitation..

3.12 POST AWARD MEETING:

The successful Respondent(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of the Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

**JOANNE M. BABICH, 1702 W. CAMELBACK #13-378, PHOENIX, AZ 85015**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 20

Vendor Number: W000006803 X

Telephone Number: 602-234-1891

Fax Number: 602-263-9189

Contact Person: Joanne Babich

E-mail Address: [alphamentalhealth@yahoo.com](mailto:alphamentalhealth@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**

**BILTMORE EVALUATION LLC, 207 EAST MONTEREY WAY, PHOENIX, AZ 85012**  
JOHN TOMA, 2345 E THOMAS RD STE 275, PHOENIX, AZ 85016

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

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\* \$450.00 Maximum allowable fee for trial testimony per day

AUTHORIZED PROVIDER: John Toma

Terms: 2% 10 Net 30

Vendor Number: W000003127 X

Telephone Number: 602-957-8822

Fax Number: 602-957-0777

Contact Person: John Toma

E-mail Address: [biltmoreets@qwest.net](mailto:biltmoreets@qwest.net)

Company Web Site: [www.biltmoreevaluation.com](http://www.biltmoreevaluation.com)

Contract Period: To cover the period ending **January 31, 2010.**

**ROBERT A. BLOCK, 5757 W THUNDERBIRD RD STE W401, GLENDALE, AZ 85306**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

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\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000003980 X

Telephone Number: 602-439-0475

Fax Number: 602-439-0106

Contact Person: Robert Block

E-mail Address: [robertblockphd@aol.com](mailto:robertblockphd@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**LORNA G. CHEIFETZ, 3930 E CAMELBACK RD STE 207, PHOENIX, AZ 85018**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

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\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000003823 X

Telephone Number: 602-381-1277

Fax Number: 602-381-1470

Contact Person: Lorna G. Cheifetz

E-mail Address: [lgcheifetz@msn.com](mailto:lgcheifetz@msn.com)

Contract Period: To cover the period ending **January 31, 2010.**

**BENNETTE DAWSON, PO BOX 0041, CHANDLER, AZ 85244-0041**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000004906 X

Telephone Number: 480-812-7775

Fax Number: 480-812-7720

Contact Person: Bennette Dawson

E-mail Address: [bennettedawson@aol.com](mailto:bennettedawson@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**DEBORAH DESPROIS, 668 N 44TH ST STE 300, PHOENIX AZ 85008**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000004290 X

Telephone Number: 602-685-1042

Fax Number: 480-214-5969

Contact Person: Deborah Desprois

E-mail Address: [ddesprois@yahoo.com](mailto:ddesprois@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JOSEPH J. FRANZETTI, 10105 E PARADISE DR, SCOTTSDALE, AZ 85260**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000007736 X

Telephone Number: 480-314-4448

Fax Number: 480-664-0714

Contact Person: Joseph J. Franzetti

E-mail Address: [jjfmd@cox.net](mailto:jjfmd@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**WAYNE R GENERAL, 761 E UNIVERSITY DR STE G, MESA, AZ 85203**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008506 X

Telephone Number: 480-844-0223

Fax Number: 480-844-0832

Contact Person: Wayne General

E-mail Address: [docgener@extremezone.com](mailto:docgener@extremezone.com)

Contract Period: To cover the period ending **January 31, 2010.**

**SARA HILL, 11000 N SCOTTSDALE RD STE 163, SCOTTSDALE, AZ 85254**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000004241 X

Telephone Number: 480-922-5440

Fax Number: 480-922-5445

Contact Person: Sara Hill

E-mail Address: [scohen174@cox.net](mailto:scohen174@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**STEVEN C. HIRDES, 4801 S LAKESHORE DR STE 206, TEMPE, AZ 85282**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008985 X

Telephone Number: 480-345-7755

Fax Number: 480-345-8833

Contact Person: Steven Hirdes

E-mail Address: [affilpsyche@yahoo.com](mailto:affilpsyche@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JOHN C. HOLLEBEEK, 4801 S LAKESHORE DR STE 206, TEMPE , AZ 85282**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008980 X

Telephone Number: 480-345-7755

Fax Number: 480-345-8833

Contact Person: John Hollebeek

E-mail Address: [affilpsyche@yahoo.com](mailto:affilpsyche@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JAMES E. HUDDLESTON, 465 E BROADWAY RD STE B, MESA, AZ 85204**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000006506 X

Telephone Number: 480-844-0163

Fax Number: 480-844-0164

Contact Person: James Huddleston

E-mail Address: [drjimhudd@aol.com](mailto:drjimhudd@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**DANIEL B. JULIANO, 6625 S RURAL RD STE 111, TEMPE, AZ 85283**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 90

Vendor Number: W000003943 X

Telephone Number: 480-902-9416

Fax Number: 480-705-7881

Contact Person: Daniel Juliano

E-mail Address: [dbjuliano@cox.net](mailto:dbjuliano@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**GWEN LEVITT, PO BOX 8648, SCOTTSDALE, AZ 85252**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000004329 X

Telephone Number: 602-954-0186

Fax Number: 602-468-9963

Contact Person: Gwen Levitt

E-mail Address: [glevitt@cox.net](mailto:glevitt@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**LESLI F. LAMBER, 1130 E MISSOURI STE 570, PHOENIX, AZ 85014**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000009030 X

Telephone Number: 602-266-5823

Fax Number: 602-266-0521

Contact Person: Lesli F. Lamber

E-mail Address: [lambretti@cox.net](mailto:lambretti@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**COMPREHENSIVE PSYCH SERVICES, CAROL MELLEN, 4300 N MILLER RD STE 144,  
SCOTTSDALE, AZ 85251**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

AUTHORIZED PROVIDER: Carol Mellen

Terms: Net 30

Vendor Number: W000005183 X

Telephone Number: 480-994-3601

Fax Number: 480-994-1879

Contact Person: Carol Mellen

E-mail Address: [psymellen@yahoo.com](mailto:psymellen@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**

**KATHRYN A. MENENDEZ, 1212 E OSBORN RD STE 106, PHOENIX, AZ 85014**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008986 X

Telephone Number: 602-265-9555

Fax Number: 602-234-7923

Contact Person: Kathryn Menendez

E-mail Address: [kmnndz@aol.com](mailto:kmnndz@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JOHN A. MORAN, 7500 E MCDONALD DR STE 400A, SCOTTSDALE, AZ 85250**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 10

Vendor Number: W000004936 X

Telephone Number: 480-946-0801

Fax Number: 480-946-0814

Contact Person: John A. Moran

E-mail Address: [cindy@moranvigil.com](mailto:cindy@moranvigil.com)

Contract Period: To cover the period ending **January 31, 2010.**

**CARL PATRASSO, 8566 E MCDONALD DR, SCOTTSDALE, AZ 85250**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000003906 X

Telephone Number: 480-607-5398

Fax Number: 480-607-5398

Contact Person: Carl Patrasso

E-mail Address: [dreamexpert@aol.com](mailto:dreamexpert@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JANET S. PERRY, 740 E STRAHAN DR, TEMPE, AZ 85283**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008984 X

Telephone Number: 480-730-0353

Contact Person: Janet Perry

E-mail Address: [jperryphd@cox.net](mailto:jperryphd@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**JACK POTTS, 221 E INDIANOLA AVE, PHOENIX, AZ 85028**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000003988 X

Telephone Number: 602-274-5494

Fax Number: 602-264-5566

Contact Person: Jack Potts

E-mail Address: [jpottsm@asforensics.com](mailto:jpottsm@asforensics.com)

Contract Period: To cover the period ending **January 31, 2010.**

**JOHN H. RANEY, 5759 W BERYL AVE, GLENDALE, AZ 85302**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000004082 X

Telephone Number: 623-435-7060

Fax Number: 623-435-7051

Contact Person: John Raney

E-mail Address: [jnkraney@cox.net](mailto:jnkraney@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**JULIO A. RAMIREZ, 2345 E THOMAS RD STE 200A, PHOENIX, AZ 85016**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000002301 X

Telephone Number: 602-667-7650

Fax Number: 602-667-7651

Contact Person: Julio Ramirez

E-mail Address: [jr.fcps@cox.net](mailto:jr.fcps@cox.net)

Contract Period: To cover the period ending **January 31, 2010.**

**RICHARD ROSENGARD D.O., 5025 N. CENTRAL AVNUE PMB #637, PHOENIX, AZ 85012**  
5501 N 7TH AVE #219, PHOENIX, AZ 85013

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000006526 X

Telephone Number: 602-943-3100

Fax Number: 602-943-3122

Contact Person: Richard Rosengard

E-mail Address: [rosengard@aol.com](mailto:rosengard@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**SCOTTSDALE INSTITUTE FOR BEHAVIORAL SCIENCES, ANNA S. SCHERZER, 10900 N  
SCOTTSDALE RD STE 502, SCOTTSDALE, AZ 85254**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

AUTHORIZED PROVIDER: Anna S. Scherzer

Terms: Net 15

Vendor Number: W000008944 X

Telephone Number: 480-951-3066

Fax Number: 480-951-8453

Contact Person: Anna S. Scherzer

E-mail Address: [anscherzer@aol.com](mailto:anscherzer@aol.com)

Contract Period: To cover the period ending **January 31, 2010.**

**MARK TREEGOOB, 14021 N 51ST AVE #118, GLENDALE, AZ 85306**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000000724 X

Telephone Number: 602-843-5484

Fax Number: 602-843-5498

Contact Person: Mark Treegoob

E-mail Address: [mtreegoob@eschelon.com](mailto:mtreegoob@eschelon.com)

Contract Period: To cover the period ending **January 31, 2010.**

**DAVID R. YOUNG, 4801 S LAKESHORE DR STE 206, TEMPE, AZ 85282**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

**PRICING SHEET: NIGP CODE 9526202**

**1.0 PRICING:**

<u>SERVICE ITEM DESCRIPTION</u>	<u>COMPENSATION/FEE/RATE</u>
1.1 RULE 11 Competency Evaluations	\$300.00/per assignment
1.2 "NO SHOW" FEE (See Section 2.4 of solicitation/contract for details)	\$150.00
1.3 TRIAL TESTIMONY (first four (4) hours of the given day)	\$300.00*
1.4 TRIAL TESTIMONY (in excess of four (4) hours of the given day)	\$150.00*

\* \$450.00 Maximum allowable fee for trial testimony per day

Terms: Net 30

Vendor Number: W000008990 X

Telephone Number: 480-345-7755

Fax Number: 480-345-8833

Contact Person: David Young

E-mail Address: [affilpsyche@yahoo.com](mailto:affilpsyche@yahoo.com)

Contract Period: To cover the period ending **January 31, 2010.**