SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER
Court-Appointed Criminal Investigator Application and Agreement

1. Contact Information

a. Investigator Name: _____

b. Business Name: _____ Owner: _____

c. Mailing address: _____

City: _____ State: _____ Zip: _____

d. E-mail: _____

e. Daytime phone: _____ Cell: _____ Fax: _____

2. License Information

a. Issue date: _____

b. Expiration date: _____

c. Prior and/or pending disciplinary action: ☐ No ☐ Yes *(please provide explanation)*

_____

_____

_____

3. Professional and Personal Qualifications

a. Are you fluent in a language other than English?

☐ No ☐ Yes - please list language(s): _____

☐ Have you ever been denied entry and/or been involuntarily removed from an appointment list in another court or county? *(If yes, please provide explanation with dates in a separate attachment.)* ☐ No ☐ Yes

CERTIFICATION

I understand and acknowledge that the selection and appointment of criminal investigators is solely at the discretion of the court. I hereby certify that all statements made in this entire application, including attachments, are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from the appointment list. In the execution of my duties as an appointed investigator I will strive to conduct myself at all times with dignity, courtesy, and integrity.

Date: _____

_____ _____ ➔ _____

TYPE OR PRINT NAME LICENSE # SIGNATURE OF APPLICANT

WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied to serve as a criminal investigator with the Superior Court of California, County of Placer. I hereby authorize the California Department of Consumer Affairs to release to an authorized representative of the court, for up to 90 days after the date of my signature, information regarding the following matters:

(1) Whether I am in good standing or am authorized to perform investigative services;

(2) Whether I have a record of discipline with the licensing authority for investigators in any state where I am licensed; and

(3) Whether any disciplinary investigation or proceeding is pending against me by the licensing authority for investigators in any state where I am licensed.

Date: _____

_____ _____ ➔ _____

TYPE OR PRINT NAME LICENSE # SIGNATURE OF APPLICANT

Please return your completed application materials, including the cover sheet, signed application, and all supplemental documents, to the Court via email at: courtadmin@placer.courts.ca.gov or by mail to the following address: Superior Court of California, County of Placer, Attention: Presiding Judge, at P.O. Box 619072 Roseville, CA 95661-9072.