A. Project Name and Advertisement Resolution Number: Forensic Evaluations for 24th Judicial District Court and Parish Courts Resolution# 137459	
B. Firm Name & Address: Richard W. Richoux, MD 3443 Esplanade Ave. Apt 408 New Orleans LA 70119	
C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable f required for this Project: Richard W. Richoux, MD	the ield
Psychiatrist 504-236-6731	
D. Address of principal office where Project work will be performed: 3443 Esplanade Ave. Apt 408 New Orleans LA 70119	
E. Is this submittal by a JOINT-VENTURE? Please check: YES NO	
If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.	
F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.	
1. Rafael Salcedo, Ph D Sanity Commission	
2.	

pages if necess Name & A	-	Specialty:	Worked with Firm Before (Yes or No):
1. N/A			
2.			
NIN			
3.			
1			
4. N/A			
5. N/A			

pages if nece	s that may assist in the completion of this Project (i.e. resume). Please attach additional ssary. PROFESSIONAL NO. 1
Name & Title:	TROFESSIONAL NO. 1
Richard W. Rich	oux, MD
Name of Firm w	ith which associated:
Richard W. Rich	Hard State Comment Com
Description of jo	b responsibilities:
Years' experience 37 years	
	ee(s)/Year/Specialization:
Medical Doctor/F	orensic Psychiatry - 1977
Other experience	and qualifications relevant to the proposed Project:
Current successf	ul management of this contract for several years

	PROFESSIONAL NO. 2
Name & Title:	
Rafael F. Salcedo, Ph D	
Name of Firm with which	h associated:
Rafael F. Salcedo, Ph D	
Description of job respon	sibilities:
Conduct Sanity Commiss Courts, and Jefferson Ju	sion Evaluations for the 24th Judicial District Court, First and Second Parish venile Court
Years' experience with th	is Firm:
32 years	
Education: Degree(s)/Yea	r/Specialization:
Ph D in Clinical Psycholo	gy - 1983
Other experience and qua	lifications relevant to the proposed Project:
Current successful manag	gement of this contract for several years

PROFESSIONAL NO. 3	
Name & Title:	
N/A	
Name of Firm with which associated:	——
Description of job responsibilities:	
2 corrected of job responsibilities.	
en e	
Vograž ovnoviou os vidi die Ti	
Years' experience with this Firm:	
Education: Degree(s)/Year/Specialization:	
Other experience and qualifications relevant to the proposed Project:	

PROFESSIONAL NO. 4	
Name & Title:	
N/A	
Name of Firm with which associated:	
Description of job responsibilities:	
Vocasi amarina di di Ti	
Years' experience with this Firm:	
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Educations Decrea(s) (Va. 1/5, 1/1)	
Education: Degree(s)/Year/Specialization:	
Othor amorious and the second	
Other experience and qualifications relevant to the proposed Project:	

PROFESSIONAL NO. 5
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Voored over order on with this Tile
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
= accused. Degree(s)/rear/specialization:
Other experience and qualifications relevant to the proposed Project:

K. List all prior projects that bes	t illustrate the Firm's qualifications relevant to this Project. Please	
include any and all work performed for Jefferson Parish. Please attach additional pages if necessary. PROJECT NO. 1		
Project Name, Location and Owner's contact information:	Description of Services Provided:	
24th JDC, 1st & 2nd Parish, Jefferson Juvenile Court Sanity Commission	Perform sanity commissions for 24th Judicial, 1st & 2nd Parish and Jefferson Juvenile Court	
Length of Services Provided:	Cost of Services Provided:	
20 years	400 per sanity commission	

	PROJECT NO. 2
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

	PROJECT NO. 3
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
	•
Length of Services Provided:	Cost of Services Provided:
<u> </u>	

	PROJECT NO. 4
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PR	ROJECT NO. 5
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
	·
Length of Services Provided:	Cost of Comicae During
- S - S - S - S - S - S - S - S - S - S	Cost of Services Provided:

PROJECT NO. 6		
Project Name, Location and Owner's contact information:	Description of Services Provided:	
N/A		
Length of Services Provided:	Cost of Services Provided:	

PR(OJECT NO. 7
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8		
Project Name, Location and Owner's contact information:	Description of Services Provided:	
V/A		
Length of Services Provided:	Cost of Services Provided:	

	PROJECT NO. 9
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:
ar a	

PROJECT NO. 10		
Project Name, Location and Owner's contact information:	Description of Services Provided:	
I/A		
Length of Services Provided:	Cost of Services Provided:	

	Parties:	
Plaintiff:	Defendant:	Status/Result of Case:
1.		
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2.	100	
NIA		
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NIA		
I. Use this space to pr	ovide any additional infor	mation or description of resources supporting Firm'
quantications for the	proposed project.	
/A		
	Takan Maria da Maria Maria da Maria da Ma	
		accurate statement of facts.
ignature: Rhw	Rachand MD	Print Name: Richard W. Richaux MB
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		★

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

WALLET CARD

SIGN CARD IN SPACE PROVIDED. LICENSEES SHOULD KEEP THIS CARD WITH THEM.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

P.O. Box 30250, New Orleans, LA 70190-0250

Discipline: PHYSICIAN & SURGEON

*Credentialing Entity: For verifications go to www.lsbme.la.gov

Expiration Date : 09/30/2021 License #: MD.014312

> RICHARD W. RICHOUX 3443 Esplanade Ave. 408

NEW ORLEANS LA 70119

SIGNATURE OF LICENSEE
CARD MUST BE SIGNED TO BE VALID

For information, forms, verifications or to update your contact information please visit our website at

www.lsbme.la.gov