

## General Professional Services Questionnaire

<b>A. Project Name and Advertisement Resolution Number:</b> Forensic Evaluations for 24th Judicial District Court and Parish Courts Resolution# 137459
<b>B. Firm Name &amp; Address:</b> Rafael Salcedo, Ph D. 1581 Carol Sue Ave. Suite 211 Gretna LA 70056
<b>C. Name, title, &amp; contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:</b> Rafael Salcedo, Ph D Clinical Psychologist 504-392-4693
<b>D. Address of principal office where Project work will be performed:</b> 1581 Carol Sue Ave. Suite 211 Gretna LA 70056
<b>E. Is this submittal by a JOINT-VENTURE? Please check:</b> YES <input checked="checked" type="checkbox"/> NO <input type="checkbox"/>  If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.
<b>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.</b>
1. Richard Richoux, M. D. Sanity Commission
2.

## General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES ☒ NO ☐

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. N/A		
2. N/A		
3. N/A		
4. N/A		
5. N/A		

## General Professional Services Questionnaire

**I. Please specify the total number of support personnel that may assist in the completion of this Project:**  
0

**J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.**

### **PROFESSIONAL NO. 1**

**Name & Title:**

Rafael F. Salcedo, Ph D

**Name of Firm with which associated:**

Rafael F. Salcedo, Ph. D

**Description of job responsibilities:**

Conduct Sanity Commission Evaluations for the 24th Judicial District Court, First and Second Parish Courts, and Jefferson Juvenile Court

**Years' experience with this Firm:**

32 years

**Education: Degree(s)/Year/Specialization:**

Ph D in Clinical Psychology- 1983

**Other experience and qualifications relevant to the proposed Project:**

Current successful management of this contract for several years

## General Professional Services Questionnaire

PROFESSIONAL NO. 2
<b>Name &amp; Title:</b> Richard Richoux, MD
<b>Name of Firm with which associated:</b> Richard W. Richoux, MD, LLC
<b>Description of job responsibilities:</b> Conduct Sanity Commission Evaluations for the 24th Judicial District Court, First and Second Parish Courts, and Jefferson Juvenile Court
<b>Years' experience with this Firm:</b> 37 years
<b>Education: Degree(s)/Year/Specialization:</b> Medical Doctor/Forensic Psychiatry- 1977
<b>Other experience and qualifications relevant to the proposed Project:</b> Current successful management of this contract for several years

**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 3</b>
<b>Name &amp; Title:</b>
N/A
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

PROFESSIONAL NO. 4
<b>Name &amp; Title:</b> N/A
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 5</b>
<b>Name &amp; Title:</b>
N/A
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

**K. List all prior projects that best 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**

<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
24th JDC, 1st & 2nd Parish, Jefferson Juvenile Court Sanity Commission	Perform sanity commissions for 24th Judicial, 1st & 2nd Parish and Jefferson Juvenile Court
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
20 years	400 per sanity commission

### **PROJECT NO. 2**

<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Jefferson Juvenile Psychological/Psychiatric Evaluation Contract	Perform psychological and psychiatric evaluations for Jefferson Parish Juvenile Court
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
20 years	500 per psychological evaluation 300 per psychiatric evaluation



### General Professional Services Questionnaire

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

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

**General Professional Services Questionnaire**

<b>PROJECT NO. 5</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
N/A	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

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

**General Professional Services Questionnaire**

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
N/A	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

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

## General Professional Services Questionnaire

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

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

## General Professional Services Questionnaire


**L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.**

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. None		
2. N/A		
3. N/A		
4. N/A		

**M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.**

N/A

**N. To the best of my knowledge, the foregoing is an accurate statement of facts.**

Signature:  Print Name: Rafael F. Solis, Ph.D.  
 Title: Forensic Clinical Psychologist Date: 5-7-21

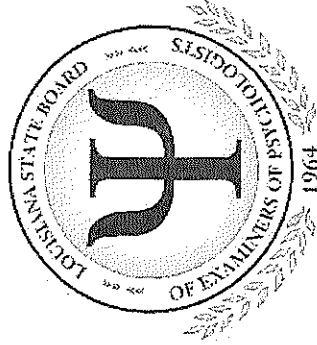
Louisiana State Board of Examiners of Psychologists  
CERTIFICATION OF LICENSE


This is to Certify the Licensure of

*Rafael Francisco Salcedo, Ph.D.*  
*License #501*

to Practice Psychology in the State of Louisiana

**August 1, 2020 through July 31, 2021**



  
Jaime L. Monic, Executive Director  
4334 S. Sherwood Forest Blvd., Suite 150  
Baton Rouge, LA 70816  
Phone: 225-295-8410