

## General Professional Services Questionnaire

**A. Project Name and Advertisement Resolution Number:**

Forensic Evaluations for 24th JDC and Parish Courts

Resolution No. ~~421994~~ 142599  
*RD*

**B. Firm Name & Address:**

Rafael F. Salcedo, Ph.D.  
Forensic Clinical Neuropsychologist  
1581 Carol Sue Ave.  
Suite 211  
Gretna, LA 70056  
Cell 504-615-8056

**C. Name, title, & 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:**

Rafael F. Salcedo, Ph.D.  
Forensic Clinical Neuropsychologist  
1581 Carol Sue Ave.  
Suite 211  
Gretna, LA 70056

**D. Address of principal office where Project work will be performed:**

Jefferson Parish Correction Jail

1581 Carol Sue Ave.,  
Suite 11  
Gretna LA 70056  
Cell 504-615-8056

**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.

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. None		
2.		
3.		
4.		
5.		

## General Professional Services Questionnaire

**I. Please specify the total number of support personnel that may assist in the completion of this Project:**  
1

**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.  
Forensic Clinical Neuropsychologist

**Name of Firm with which associated:**

Rafael F. Salcedo, Ph.D.  
Forensic Neuropsychologist

**Description of job responsibilities:**

Conducting Competency evaluations for 24th JDC and Parish Courts

**Years' experience with this Firm:**

23

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

Ph.D. in Clinical Psychology with subspecialty in Neuropsychology

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

Routinely appointed in Sanity Commission Panels in the following parishes:  
Orleans, St. Tammany, Washington, St. Charles, St. John the Baptist, Terrebonne and Plaquemines.

## General Professional Services Questionnaire

### PROFESSIONAL NO. 2

**Name & Title:**

None

**Name of Firm with which associated:**

**Description of job responsibilities:**

**Years' experience with this Firm:**

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

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

## General Professional Services Questionnaire

### PROFESSIONAL NO. 3

**Name & Title:**

None

**Name of Firm with which associated:**

**Description of job responsibilities:**

**Years' experience with this Firm:**

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

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

## General Professional Services Questionnaire

### PROFESSIONAL NO. 4

**Name & Title:**

**Name of Firm with which associated:**

**Description of job responsibilities:**

**Years' experience with this Firm:**

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

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

## General Professional Services Questionnaire

### PROFESSIONAL NO. 5

**Name & Title:**

**Name of Firm with which associated:**

**Description of job responsibilities:**

**Years' experience with this Firm:**

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

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

## 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

Project Name, Location and Owner's contact information:	Description of Services Provided:
24th JDC plus all other parishes listed above	
Length of Services Provided:	Cost of Services Provided:
1 hour per evaluation	\$400 per evaluatio

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
None	
Length of Services Provided:	Cost of Services Provided:



## 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>
None	
<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>
None	
<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>
None	
<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>
None	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

## General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
None	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
None	State of Louisiana
Length of Services Provided:	Cost of Services Provided:

## 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>
None	
<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>
None	
<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.		
3.		
4.		

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

Thank you.

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

Signature: R. Salcedo, Ph.D. Print Name: Rafael F. Salcedo, Ph.D.

Title: Forensic Neuropsychologist Date: 9/16/2023