

Statement of Qualifications

AFFIDAVIT

STATE OF LA

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: _____

John Roberts, III, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized _____ of _____ (Entity),

the party who submitted a Statement of Qualifications (SOQ) to _____

_____ (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ☒ _____

there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A ☐ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ☒ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A ☐ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B ☒ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A ☐ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B ☒ There are NO subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

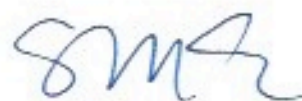
[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

John Roberts, III
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 14 DAY OF November 2024


Notary Public

Stephen Schoenfeld
Printed Name of Notary

27289
Notary/Bar Roll Number

Stephen Michael Schoenfeld
NOTARY PUBLIC
State of Louisiana
Bar Roll Number: 27289
My Commission Is Issued for Life.



My commission expires Upon Death

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:
Court Ordered Forensic Evaluations / Mental Examinations. 145213

B. Firm Name & Address:
John Roberts, III, MD
1440 Canal St. #8448 (10th floor)
New Orleans, LA 70112

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:

John Roberts, III, MD
Psychiatrist
1440 Canal St. #8448 (10th floor)
New Orleans, LA 70112
(504) 988-2201

D. Address of principal office where Project work will be performed:
Jefferson Parish Courts

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	• N/A	• N/A
2. • none	• N/A	• N/A
3. • none	• N/A	• N/A
4. • none	• N/A	• N/A
5. • none	• N/A	• 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:

- N/A

Name of Firm with which associated:

- N/A

Description of job responsibilities:

- N/A

Years' experience with this Firm:

- N/A

Education: Degree(s)/Year/Specialization:

- N/A

Other experience and qualifications relevant to the proposed Project:

- N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 2

Name & Title:

- N/A

Name of Firm with which associated:

- N/A

Description of job responsibilities:

- N/A

Years' experience with this Firm:

- N/A

Education: Degree(s)/Year/Specialization:

- N/A

Other experience and qualifications relevant to the proposed Project:

- N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 3

Name & Title:

- N/A

Name of Firm with which associated:

- N/A

Description of job responsibilities:

- N/A

Years' experience with this Firm:

- N/A

Education: Degree(s)/Year/Specialization:

- N/A

Other experience and qualifications relevant to the proposed Project:

- N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 4

Name & Title:

- N/A

Name of Firm with which associated:

- N/A

Description of job responsibilities:

- N/A

Years' experience with this Firm:

- N/A

Education: Degree(s)/Year/Specialization:

- N/A

Other experience and qualifications relevant to the proposed Project:

- N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 5

Name & Title:

- N/A

Name of Firm with which associated:

- N/A

Description of job responsibilities:

- N/A

Years' experience with this Firm:

- N/A

Education: Degree(s)/Year/Specialization:

- N/A

Other experience and qualifications relevant to the proposed Project:

- N/A

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:
Jefferson Parish Court evaluations, (24th JDC, 1st Parish Court, and 2nd Parish Court)	competency to stand trial evaluations and NGRI (sanity at the time) evaluations
Length of Services Provided:	Cost of Services Provided:
1 yr	\$500/ service

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Orleans Parish Criminal Court evaluations, other parish criminal courts	competency to stand trial evaluations, NGRI (sanity at the time) evaluations, dangerousness assessments
Length of Services Provided:	Cost of Services Provided:
2018 to present	various

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Easter Louisiana Mental Health Systems- Staff Psychiatrist Jackson, Louisiana	competency restoration and treatment, in-patient setting
Length of Services Provided:	Cost of Services Provided:
2013 to present, 2017 to present at the Admissions Special Security Area	varies

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Assistant Professor of Psychiatry, Tulane University School of Medicine	various duties including contract work to various entities and teaching to various levels (med student, psychiatry residents, forensic psychiatry fellows) including lectures, small group, and grand rounds, medical staff at various hospitals
Length of Services Provided:	Cost of Services Provided:
since 2013	various

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
American Board of Psychiatry and Neurology	Certification
Length of Services Provided:	Cost of Services Provided:
since 2015	n/a

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
St. Tammany Parish Deputy Coroner	Coroner Emergency Certificate evaluations
Length of Services Provided:	Cost of Services Provided:
2013-2018	various

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Tulane University School of Medicine, Department of Psychiatry and Forensic Neurosciences, Fellow	training in all areas of Forensic Psychiatry
Length of Services Provided:	Cost of Services Provided:
one year	N/A

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

General Professional Services Questionnaire

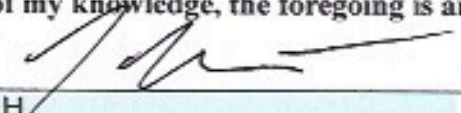
L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. N/A	N/A	N/A
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A

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

I've worked closely with Dr. Jessica Bouderaux over this past year in Jefferson Parish courts; we are eager to continue to serve the court.

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

Signature:  Print Name: John E. Roberts, III
 Title: M.D. M.P.H. Date: 11/13/24