



**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

**SOQ 24-035 Court Ordered Forensic Evaluations/Mental Examinations for  
24th Judicial District Court and Parish Courts  
Jefferson Parish Government**

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)  
07-Nov-2024 10:24:34 AM

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Mykeline A.

Dezinc, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized Psychiatrist of Jefferson Parish (Entity),

the party who submitted a Statement of Qualifications (SOQ) to perform forensic sanity

& competency evaluations for the court (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 X

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** X 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** X 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.



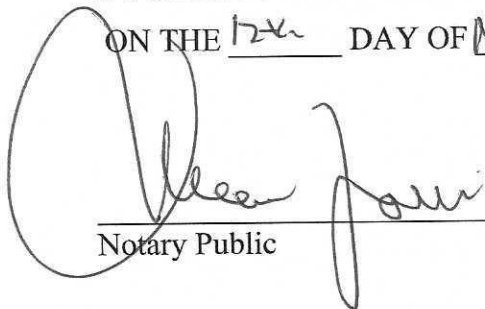
Signature of Affiant

Myrlene R. Belzince, MD.

Printed Name of Affiant

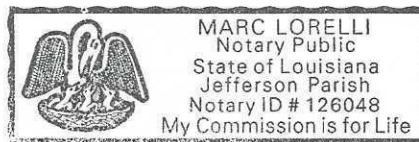
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 12th DAY OF November, 2024.



Notary Public

Marc Lorelli  
Printed Name of Notary  
Louisiana Notary ID# 126048  
Parish of Jefferson with  
Statewide Authority  
Notary/Bar Roll Number  
My Commission is for Life



My commission expires \_\_\_\_\_.



## **General Professional Services Questionnaire Instructions**

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

## General Professional Services Questionnaire

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

Forensic Evaluation for 24th Judicial District Court and Parish Courts.  
Resolution # 142599

**B. Firm Name & Address:**

Myrline Rose Belzince, MD  
Tulane University School of Medicine  
Department of Psychiatry and Behavioral Sciences  
1440 Canal Street  
New Orleans, Louisiana 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:**

Carol Neal  
Senior Administrative Program Coordinator  
Tulane University School of Medicine  
Department of Psychiatry & Behavioral Sciences  
1440 Canal Street  
New Orleans, Louisiana 70112  
504-988-2201  
cneal2@tulane.edu

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

Tulane University School of Medicine  
Department of Psychiatry & Behavioral Sciences  
1440 Canal Street  
New Orleans, Louisiana 70112

**E. Is this submittal by a JOINT-VENTURE? Please check:**

YES \_\_\_\_\_ NO xxx

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.

N/A

2.

N/A

## 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

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">0</div>
<b>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.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b>
Myrline Rose Belzince, MD Forensic Psychiatrist
<b>Name of Firm with which associated:</b>
Tulane University School of Medicine Department of Psychiatry and Behavioral Services 1440 Canal Street New Orleans, Louisiana 70112
<b>Description of job responsibilities:</b>
Conduct Sanity Commissions for the 24th JDC, First and Second Parish Courts and Juvenile Courts.
<b>Years' experience with this Firm:</b>
First time applying with this firm. General years of experience: 3
<b>Education: Degree(s)/Year/Specialization:</b>
Medical Doctor / Forensic Psychiatry - Since 2016
<b>Other experience and qualifications relevant to the proposed Project:</b>
Successful Provision of Forensic Services in other Parish for at least 3 years. Parish served: Orleans, St Tammany, St Charles, St Bernard, Ascencion.

## General Professional Services Questionnaire

PROFESSIONAL NO. 2
<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. 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**

<b>PROFESSIONAL NO. 4</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**

<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

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Forensic Evaluations for 24th Judicial District Court and Parish Courts. Resolution # 137459</p>	<p>Performance of Sanity Commissions for 24th Judicial District Court, First and Second Parish Courts and Juvenile.</p>
Length of Services Provided:	Cost of Services Provided:
<p>This will be first time with service with this Parish</p>	<p>\$500 presently per member per Competency/Sanity. Requestion \$600 per member per Competency/Sanity.</p>

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>N/A</p>	
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>
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

PROJECT 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:
N/A	
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>
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

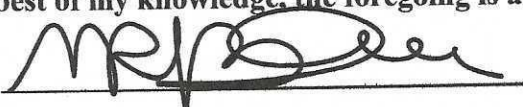
**L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.**

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.**

Jefferson Parish  
State of Louisiana

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

Signature:  Print Name: Myrline Rose Belzince, MD  
Title: Psychiatrist/Contractor Date: 11/12/2024



Administrators of the Tulane Educational Fund  
Office of the Associate General Counsel  
Tulane University Health Sciences Center  
1440 Canal Street, Suite 1406  
New Orleans, LA 70112  
T: (504) 988-5031 – F: (504) 988-7777

May 13, 2024

Re: Myrline R. Belzince, MD  
DATES OF COVERAGE: 7/1/2024 – 7/1/2025

To Whom It May Concern:

This letter is to confirm that the above referenced individual is/was provided medical malpractice liability coverage pursuant to Act 817 qualification and enrollment in the Louisiana Patient's Compensation Fund under La. Rev. Stat. 40:1231.1, et seq. (formerly La. Rev. Stat. 40:1299.41, et seq.), with limits of liability specified thereunder as described. The coverage referred to is subject to the applicable provisions of the statute and, accordingly, this letter neither affirmatively nor negatively amends, extends or alters the coverages described therein. You may also contact Normeca Smith, Surcharge Manager, Louisiana Patient's Compensation Fund, at (225) 342-5432 or toll free at (866) 469-9555 to assist with this request.

In addition to the insurance provided under the statute by enrollment in the Louisiana Patient's Compensation Fund, The Administrators of the Tulane Educational Fund also has coverage provided under a commercial healthcare professional liability policy as reflected by the attached certificate of insurance.

*Special Conditions:* In the event this letter has been issued in advance of the effective date entered and, therefore, for credentialing purposes only, the coverage is in effect for the period(s) reflected above with the following condition: Should the named individual not complete the employment process or separate from employment with The Administrators of the Tulane Educational Fund at any time during the policy period stated above, his/her coverage is automatically cancelled effective as of the date of resignation, termination, or separation. As a further condition of this letter confirming coverage, the coverages apply only in the event the named individual is authorized to perform services under a valid and effective contract through Tulane University and/or Tulane University Medical Group (TUMG), and/or only where TUMG bills for the services.

Very truly yours,

A handwritten signature in cursive script that reads 'Patricia A. Bethancourt'.

Patricia A. Bethancourt  
Associate General Counsel





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
09/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> WTW Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>E-MAIL ADDRESS:</b> certificates@wtwco.com <b>FAX (A/C, No):</b> 1-888-467-2378														
<b>INSURED</b> The Administrators of the Tulane Educational Fund 1555 Poydras Street, Suite 922 New Orleans, LA 70112	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: United Educators Insurance a Reciprocal Ri</td><td>10020</td></tr><tr><td>INSURER B: Safety National Casualty Corporation</td><td>15105</td></tr><tr><td>INSURER C: Ironshore Specialty Insurance Company</td><td>25445</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Educators Insurance a Reciprocal Ri	10020	INSURER B: Safety National Casualty Corporation	15105	INSURER C: Ironshore Specialty Insurance Company	25445	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** W34617734**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			P13-13G	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> GL/Excess Umbrella						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PRP4053594	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	No	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Medical Professional			HC7AAB2RXO005	09/01/2024	09/01/2025	\$10,000,000 Specific \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$1,000,000 Retained Limit - General Liability

SEE ATTACHED

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Proof of Coverage

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## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED The Administrators of the Tulane Educational Fund 1555 Poydras Street, Suite 922 New Orleans, LA 70112	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

\$250,000 Retained Limit - Medical Professional  
 \$100,000 Deductible - General Liability

INSURER AFFORDING COVERAGE: Safety National Casualty Corporation

NAIC#: 15105

POLICY NUMBER: SP 4066920 EFF DATE: 07/01/2024 EXP DATE: 07/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess WC/EL (LA)	See below	

#### ADDITIONAL REMARKS:

Excess Workers Compensation and Employers Liability:  
 Per Statute

E.L. Each accident: \$2,000,000

E.L. Disease - policy limit: \$2,000,000

E.L. Disease - each employee: \$2,000,000

Self- Insured Retention: \$500,000

**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**

630 Camp Street, New Orleans, LA 70130

Discipline: **PHYSICIAN & SURGEON - MD**

\*Credentialing Entity: For verifications go to [www.lsbme.la.gov](http://www.lsbme.la.gov)

Expiration Date : **07/31/2025**

License # : **322643**

**MYRLINE ROSE BELZINCE MD**

**1358 Choctaw Ave**

**METAIRIE LA 70005**



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](http://www.lsbme.la.gov)