

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Court-Ordered Forensic Evaluations/Mental Examinations for the 24th
Judicial District Court and Parish Courts SOQ# 24-035
Advertisement Resolution# 145213

B. Firm Name & Address:

Sarah DeLand, MD
Division of Forensic Neuropsychiatry
1440 Canal St.
#8448
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:

Sarah DeLand, MD
Forensic Psychiatrist
1440 Canal St.
#8448
New Orleans, LA 70112 (504)988-2201 cell (504)376-4462

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

1440 Canal St.
New Orleans, LA 70112

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.

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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.		
3.		
4.		
5.		

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I. Please specify the total number of support personnel that may assist in the completion of this Project: <u>0</u>
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: Sarah DeLand, MD
Name of Firm with which associated: Division of Forensic Neuropsychiatry TULANE MEDICAL SCHOOL
Description of job responsibilities: Conduct Forensic evaluations/mental examinations for the 24 th JDC, parish courts, and juvenile court
Years' experience with this Firm: 31 years
Education: Degree(s)/Year/Specialization: Medical Doctor - 1989 Adult Psychiatry - Board certified Forensic Psychiatry - Board certified
Other experience and qualifications relevant to the proposed Project: Sanity commissions in various parishes in Louisiana for 30 years. Provision of services for this contract for 2½ years

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PROFESSIONAL NO. 2
Name & Title:
N/A
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:

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PROFESSIONAL NO. 3
Name & Title:
N/A
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:

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PROFESSIONAL NO. 4
Name & Title:
N/A
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:

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PROFESSIONAL NO. 5
Name & Title:
N/A
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:

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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:
Forensic Evaluations/ Mental examinations for 24 th JDC and parish courts	Sanity Commission Evaluations for 24 th JDC, First and Second Parish Courts, and Juvenile courts.
Length of Services Provided:	Cost of Services Provided:
2 1/2 years	\$500 per member per sanity Commission

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Sanity Commission evaluations for Orleans Parish Criminal Court	Competency evaluations for sanity commission appointments
Length of Services Provided:	Cost of Services Provided:
30 years	\$300/member/sanity

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PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Sanity Commission evaluations for 19 th JDC	Forensic Evaluations/Mental Examinations as member of Sanity Commission for 19 th JDC Criminal Court
Length of Services Provided:	Cost of Services Provided:
10 years	\$ 850/member/ Sanity

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:

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

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

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

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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:

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

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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: S. Dehauf MD Print Name: Sarah Dehauf, MD
 Title: Psychiatrist Date: 11/11/24