



DAVE YOST

OHIO ATTORNEY GENERAL

Special Prosecutions Section
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Columbus, Ohio 43215
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APPLICATION TO ADD AN EXPERT TO THE DECA LIST

(Database of Experts on Child Abuse))

Complete this application as fully and as accurately as possible. Incomplete or insufficient information may cause delay in approval of C.A.P. Funding. For an electronic copy of this application, please call the Special Prosecutions Unit (614) 629-8340.

NOTE: A COPY OF THE EXPERT'S CURRICULUM VITAE OR RESUME MUST BE FILED WITH THIS APPLICATION FOR IT TO BE COMPLETE.

1. Name and Contact Information

Date: _____

Name of County: _____

Name of elected county prosecutor: _____

Name of person completing this application:
(If different from Elected Prosecutor) _____

Name of person completing this application:
(If different from either individual above) _____

Official title: _____

Name of person to contact about this application: _____

Address of contact person: _____
(Street) (Floor/Suite/Room)

_____, Ohio _____
(City) (Zip Code)

Phone number of contact person: (____) _____

Fax number of contact person: (____) _____

List all licenses the expert currently holds, the names of the licensing agencies, and year licenses were obtained. (Use the back of this sheet or a separate piece of paper if necessary.)

LICENSE	LICENSING AGENCY	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the expert's areas of expertise.
(Use the back of this sheet or a separate piece of paper if necessary.)

- a) _____ b) _____
- c) _____ d) _____
- e) _____ f) _____

List expert's current employment position(s) and year began employment
(Use the back of this sheet or a separate piece of paper if necessary.)

POSITION	YEAR BEGAN EMPLOYMENT
_____	_____
_____	_____
_____	_____

Does the expert have emergency room experience? Yes No

If approved to be added to the DECA List what category or categories does the expert feels he or she should be listed under? If the expert feels he or she should be listed under a new category, what would be the name of that category? **(This is merely a suggestion for the Attorney General's office and not a guarantee that the expert will be placed under any particular category.)**

5. Prosecutor Recommendations

List the name, county and phone number of prosecutors who have used and would recommend this Expert. (Use the back of this sheet or a separate piece of paper if necessary.)

NAME	COUNTY	PHONE NUMBER
_____	_____	_____
_____	_____	_____

List the case name and county of cases where the expert has either testified in court or at a Deposition. (Use the back of this sheet or a separate piece of paper if necessary.)

CASE NAME	COUNTY
_____	_____
_____	_____
_____	_____

6. Questions and Submission of Applications

Questions concerning the CAP List or this application should be directed to the Attorney General's Special Prosecutions Unit at:

(614) 629-8340

Completed applications should be sent to:

**CAP Fund
Ohio Attorney General's Office
Criminal Justice Section
Special Prosecutions Unit
30 E. Broad St., 23rd Floor
Columbus, Ohio 43215
Send completed Application to:**

OhioCAP@ohioago.gov

By completing, signing and submitting this application, the prosecuting attorney and expert state that they have read the CAP Fund Protocol in its entirety, understand it, and will agree to abide by its terms if this application is approved. The expert agrees that he or she has read a standard contract used in CAP Fund cases, understands it in its entirety, and if this application is approved will agree to its terms in CAP Fund cases where it is sued.

Date: _____

Signed: _____

Prosecuting Attorney of _____ County, Ohio

Date: _____

Signed: _____

Expert