

PROVIDER INFORMATION FOR JUDICIAL BRANCH ROSTERING PURPOSES  
CHILD PROTECTION MATTERS ONLY

Please complete all the Required Information and return to: **Marilou T. Giovannucci**

**Required Information:**

**Judicial Branch, Court Operations**  
**225 Spring Street**  
**Wethersfield, CT. 06109**  
**Fax: 860-263-2773**

**Last Name:**

**First Name:**

**Middle Initial:**

**Suffix:** (Jr., Sr. I, II, III, IV, V, VI)

**Birth Date:** (mm/dd/yyyy)

**Provider Type:** ("CP" for clinical psychologist or "NEU" for neuropsychologist)

**Primary Office Street Address:**

**Primary Office Suite, Dept., etc.:**

**Primary Office City:**

**Primary Office State:**

**Primary Office Zip Code:**

**Primary Office Phone Number:**

**Primary Fax Number:**

**Primary Office E-mail Address:**

**Juvenile Court Location(s) you wish to serve:** ☐ Bridgeport ☐ CPS-Middletown ☐ CPS-Willimantic  
☐ Danbury ☐ Hartford ☐ Middletown ☐ New Britain ☐ New Haven ☐ Rockville  
☐ Stamford ☐ Torrington ☐ Waterbury ☐ Waterford ☐ Willimantic

**Locations where you will conduct Evaluations:** ☐ Office ☐ Courthouse ☐ DCF Office

**Optional Information:**

**Social Security #:**

**DEA #**

**State License Number:**

**State License State:**

**UPIN:**

**Tax ID:**

**Plan Provider ID:**

**Last Recredentialing Date: (mmddyyyy)**

**Next Recredentialing Date: (mmddyyyy)**