

1. Please select your type of agency, organization, or business: \*

Police Department

Sheriff Office

Board of County/City Commissioners

State Attorney's Office

Public Defender's Office

Funeral Home

Medical Society

Organ Recovery Organization

Other

2. Agency, organization, or business name: \*

Seminole County BCC

3. Agency, organization, or business **street address:** \*

1101 E First Street

4. Agency, organization, or business **city:** \*

Sanford

5. Agency, organization, or business **zip code:** \*

32773

6. Your name: \*

Amy Lockhart

7. Your email address: \*

ALockhart@seminolecountyfl.gov

8. Please select the medical examiner district number and district medical examiner that you receive services from (the counties of service are listed for convenience): \*

District 15 (serves Palm Beach County); District Medical Examiner Catherine R. Miller, M.D.

District 16 (serves Monroe County); District Medical Examiner Michael Steckbauer, M.D.

District 17 (serves Broward County); District Medical Examiner Rebecca MacDougall, M.D.

District 18 (serves Brevard County); District Medical Examiner Sajid S. Qaiser, M.D.

District 19 (serves Indian River, Martin, Okeechobee, & St. Lucie Counties); District Medical Examiner Patricia A. Aronica, M.D.

District 20 (serves Collier County); District Medical Examiner Marta U. Coburn, M.D.

District 21 (serves Glades, Hendry, & Lee Counties); District Medical Examiner Rebecca A. Hamilton, M.D.

District 22 (serves Charlotte County); District Medical Examiner Russell S. Vega, M.D.

District 23 (serves Flagler, Putnam & St. Johns Counties); District Medical Examiner Wendolyn Sneed, M.D.

X

District 24 (serves Seminole County); District Medical Examiner Barbara Wolf, M.D.

Please answer the below questions regarding the medical examiner services in your district. If you have additional documentation you wish to send, you may send it to [MECReports@fdle.state.fl.us](mailto:MECReports@fdle.state.fl.us).

9. How do you rate the quality of medical examiner services provided in your district? \*

Favorable

Unfavorable

No Opinion

10. Please explain your above response regarding the quality of medical examiner services. You may provide suggestions for improvements, reasons for negative/positive/no response, or other comments related to the services or district medical examiner. \*

Reason for response has been publicly discussed at our BCC meetings.