



El Dorado County EMS Agency
2900 Fair Lane Court
Placerville CA 95667
530-621-6500
Fax 530-621-2758
<http://www.edcgov.us/EMS/>

QUARTERLY REPORT

One of the conditions of your probation requires you to submit quarterly declarations on report forms provided by the El Dorado County EMS Agency. Under penalty of perjury you are to state whether there has been compliance with **ALL** the conditions of probation.

The Quarterly Report form is attached; it is also available on the EMS website in a form fill format. You can complete the form on line, print, sign and mail it to the EMS Agency. You can also make copies of this form or you may download it from the EMS website at <http://www.edcgov.us/EMS/>. One report is due each quarter of your probation period.

The quarterly Reports of Compliance are due on the following schedule:

Period Covered	Due on or Before
01/ 01 - 03/31	04/15
04/01 - 06/30	07/15
07/01 - 09/30	10/15
10/01 - 12/31	01/15

The period covered by the initial and final Quarterly Report may be adjusted to reflect the actual date of the commencement or completion of the term of probation.

Failure to comply with the reporting requirements is a **violation** of probation. It is grounds for administrative action to revoke probation and to carry out the Disciplinary Order that was stayed.

TYPE OR PRINT CLEARLY

1. QUARTERLY REPORTING PERIOD

From: _____
Month/day/year

To: _____
Month/day/year

2. PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Is this a change of address for this quarter? Yes No

If yes, indicate which address is now your address of record? Residence Mailing

3. EMPLOYMENT INFORMATION (Employer name, complete address and phone number must be listed for all employers)

List all Current EMS Employers
Name, address, phone

Primary Employer _____

Additional Employer _____

Additional Employer _____

Is this a change of address for this quarter? Yes No

ANSWER 'YES' OR 'NO' TO THE FOLLOWING QUESTIONS

ALL ANSWERS SHOULD RELATE TO THE CURRENT QUARTERLY REPORTING PERIOD ONLY

If you check **'YES'** to any items below, you must fill in the designated attachment sheet.

Mail the appropriate attachment sheet with this quarterly report to the El Dorado County EMS Agency at the address on page one.

If you check **'NO'**, proceed to the next question.

In this quarter, have you been the subject of a complaint, review or investigation? Yes No
If yes, complete Attachment A

In this quarter, have you been the arrested, charged or convicted of any crime? Yes No
If yes, complete Attachment B

In this quarter, were you required to undergo a psychological evaluation? Yes No
If yes, complete Attachment C

In this quarter, were you required to undergo psychotherapy? Yes No
If yes, complete Attachment D

In this quarter, were you required to be supervised? Yes No
If yes, complete Attachment E

In this quarter, were you required to perform hours of community service? Yes No
If yes, complete Attachment F

In this quarter, were you required to participate in an approved substance abuse treatment program?

Yes No

If yes, complete **Attachment G**

In this quarter, were you required to take and pass a licensing or other type of examination?

Yes No

If yes, complete **Attachment H**

In this quarter, were you required to attend an educational course?

Yes No

If yes, complete **Attachment I**

Does your probation order indicate other terms, conditions, or deadlines?

Yes No

If yes, complete **Attachment J**

DURING THIS QUARTER, HAVE YOU COMPLIED WITH ALL THE TERMS AND CONDITIONS OF YOUR PROBATION?

Yes No

If NO, please explain:

I DECLARE THE FOREGOING, THE ATTACHMENTS AND ANY OTHER ENCLOSED STATEMENTS OR DOCUMENTS ARE TRUE AND CORRECT UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA.

Signature

Date

COMPLAINTS

In this quarter, have you been the subject of a complaint, review or investigation from any of the following agencies?

Yes No

If yes, check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Local EMS Agency | <input type="checkbox"/> Licensing Authority |
| <input type="checkbox"/> Hospital Committee | <input type="checkbox"/> Medical Society |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other Governmental Agency |

List all actions **other** than the one for which you have already been disciplined for by the EDCEMSA.

Date of action	Agency taking action	Type of action	Status

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

ATTACHMENT B

ARRESTED, CHARGED OR CONVICTED OF A CRIME

Attach copies of the police reports and court documents to this form.

Offense/Charge	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident:

Offense/Charge	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

PSYCHOLOGICAL EVALUATION

Name of Evaluator, Address, Business Phone	Date Evaluation Scheduled	Date Evaluation Completed

IF YOUR EVALUATION HAS BEEN COMPLETED, ATTACH PROOF OF COMPLETION.

If the evaluation is required, but not yet scheduled, explain the status:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

PSYCHOTHERAPY

Name of Therapist, Address, Business Phone #	Location of Sessions	Date Evaluation Began	Date Evaluation Completed

Required frequency of sessions:

- Weekly
- Monthly

Dates of therapy for this quarter:

Session 1		Session 7	
Session 2		Session 8	
Session 3		Session 9	
Session 4		Session 10	
Session 5		Session 11	
Session 6		Session 12	

If your therapist missed or cancelled an appointment, please explain:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

REQUIRED SUPERVISION

DATE	Name of Supervisor, Business, and Telephone #

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

REQUIRED SUPERVISION

Number of community service hours required this quarter: _____

Number of community service hours completed this quarter: _____

Attach written verification from the agency from which you performed community service.

If you are in the process of locating a community service agency, or are awaiting approval from the EMS Agency, outline the steps you have taken this quarter:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

SUBSTANCE ABUSE/DETOXIFICATION

Name of Program	Program Monitor/ Business Telephone#	Date Entered Program	Estimated Completion Date

Have you complied with all program requirements?

Yes No

If you have not complied with all program requirements, please explain:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

EXAMINATION

Type of Examination Completed	Date Entered Program	Estimated Completion Date

Do you have a deadline for completing this requirement per your probation order?

Yes No

If yes, enter date: _____

If you are awaiting notification from the EMS Agency regarding this process, please explain:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

EXAMINATION

Educational Courses Completed	Date Enrolled	Date Completed	Hours Completed

ATTACH COPIES OF YOUR PROOF OF ATTENDANCE

Do you have a deadline for completing this requirement per your probation order?

In this quarter, did you enroll in any required courses? Yes No

If no, please explain:

If you are developing your education plan for EMS Agency approval, or completing a course from a prior quarter, detail below the actions you have taken to meet this requirement:

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____

OTHER TERMS AND CONDITIONS

Detail any other terms, conditions, or deadlines not mentioned in the quarterly report affidavit:

In this quarter, what specific steps have you taken toward compliance with the above stated terms and conditions, or deadlines?

Name: _____

Quarterly Report Period

Date From: _____

Date To: _____