

QUARTERLY REPORT

One of the conditions of your probation requires that you submit quarterly reports on forms provided by Nor-Cal EMS. Under penalty of perjury, you are to state whether there has been compliance with all terms and conditions of your probation as noted in the settlement agreement/decision/order.

The Quarterly Report Forms are attached and supplied for the first quarter. Please make copies of this form if you are on probation longer than 3 months. The Quarterly Reports of Compliance are due on the following schedule:

<u>Period Covered</u>	<u>Due on or Before</u>
1/1 – 3/31	4/15
4/1 – 6/30	7/15
7/1 – 9/30	10/15
10/1 – 12/31	1/15

The period covered by the initial and final quarterly report may be adjusted to reflect the actual due 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/or to carry out the disciplinary order that was stayed.

QUARTERLY REPORTING PERIOD

From: _____ To: _____
month/day/year month/day/year

PERSONAL INFORMATION

Name: _____ Home Telephone #: _____

Home Address: _____

Mailing Address (if different): _____

E-mail Address: _____

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

EMPLOYMENT INFORMATION

List all Current Employers (attach additional pages if needed):

Name/Address: _____

Name/Telephone # of Supervisor: _____

Name/Address: _____

Name/Telephone # of Supervisor: _____



ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

1. If you check "YES", fill out the designated attachment. Only submit attachments that you check yes for.
2. Mail the appropriate attachment(s) with this quarterly report to the CQI Director at Nor-Cal EMS.
3. 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 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 at work? 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 licensing or other types of examinations? 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 not previously covered in this Quarterly Report? 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, complete Attachment K.
4. I declare the foregoing, the enclosed attachment, and any other enclosed statements or documents are true and correct under penalty of perjury under the laws of the State of California.

Signature

Date



ATTACHMENT B – ARRESTS, CHARGED OR CONVICTED OF CRIMES

In this quarter, have you been arrested, charged, or convicted of any crime? Yes No
 Attach copies of the police reports and court dockets to this form.

Offense	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident below:

Offense	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident below:

Offense	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident below:

Offense	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident below:

Offense	Date Arrested	Date Charged	Date Convicted

Explain the details of the incident below:

Name: _____
 Quarterly Report Period: _____ From: _____ To: _____



ATTACHMENT I – EDUCATIONAL COURSE WORK

In this quarter, were you required to attend an educational course? Yes No

Courses Completed	Date Enrolled	Date Completed	Hours Completed

Attach copies of your proof of attendance.

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

If no, explain below:

If you are developing your education plan for Nor-Cal EMS approval, or another entities approval, or completing a course from a prior quarter, explain the actions you have taken to meet this requirement below:

Name: _____

Quarterly Report Period: From: _____ To: _____



