

**Ventura County Emergency Medical Services Agency
Quarterly Report**

1. Quarterly Reporting Period
- 1/1 to 3/31 4/1 to 6/30 7/1 to 9/30 10/1 to 12/31
Due 4/15 Due 7/15 Due 10/15 Due 1/15

2. Personal information to be completed each quarter

Certification Number:

Last Name:	First Name:	MI
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Residence Address

City:	State:	Zip Code:
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Home Phone:	Cell Phone:
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Change of address: Yes No

E-mail Address:

3. Employment information to be completed each quarter

1 st Employer Name:	Telephone:
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Address:

City:	State:	Zip Code:
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2 nd Employer Name:	Telephone:
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Address:

City:	State:	Zip Code:
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4. Attach verification/reports for any of the following that apply to you:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Coursework/CE | <input type="checkbox"/> Ethics Course | <input type="checkbox"/> Stress/Anger Mgmt. | <input type="checkbox"/> Medical Treatment |
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> AA Attendance | <input type="checkbox"/> Drug Detox/Diversion. | <input type="checkbox"/> Other:_____ |

5. Since the last Quarterly Declaration have you been arrested, charged, or convicted of any Federal or State offense, or any county or city laws, rules or regulations? (Exclude parking tickets)

- Yes No *(If "Yes" explain answer on a separate sheet of paper and attach to the form)*

6. During this reporting period have you complied with each and every term and condition of probation?

- Yes No *(If "No" explain answer on a separate sheet of paper and attach to the form)*

Executed on _____, at _____, _____ California

Date City County

By signing here, I acknowledge that the above is true and correct.

Probationer Signature