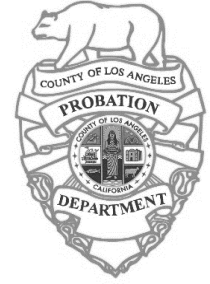




ADOLFO GONZALES
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(562) 940-2728



March 6, 2023

ADDENDUM NUMBER FIVE- REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ #640-21-02) FOR AS-NEEDED POLYGRAPH EXAMINATION SERVICES FOR ADULT SEX OFFENDERS AND POST-CONVICTION SEX OFFENDERS

This Addendum Five is made to the Request for Statement of Qualifications (RFSQ) for As-Needed Polygraph Examination Services for Adult Sex Offenders and Post-Conviction Sex Offenders (RFSQ # 640-21-02), which was released on April 7, 2021. The following indicates new and/or revised language to the RFSQ.

1. RFSQ, Appendix B (Statement of Work), Paragraph 1.5 (The Contractor shall adhere to the following County referral process:), Subparagraphs 1.5.6 and 1.5.7 shall be deleted in its entirety and replaced as follows, the remaining Paragraphs and Subparagraphs remain the same:
 - 1.5 The Contractor shall adhere to the following County referral process:
 - 1.5.6 Once the Contractor schedules the polygraph appointment, the Contractor shall send the completed referral form, within 48 hours of scheduling the appointment, to SRGPolygraph@probation.lacounty.gov and copy the referring DPO.
 - 1.5.7 The Contractor shall ensure the examinee signs an approved waiver/release statement form, and Authorization for Release of Confidential Information for Sex Offenders, approved by County, confirming that he/she was advised that the polygraph examination is a condition of his/her treatment. Copies of such waiver shall be distributed via email to SRGPolygraph@probation.lacounty.gov, the referring DPO and the Treatment Provider (herein referred to as the "Containment Team") on a weekly basis.

2. RFSQ, Appendix C, (Statement of Work Technical Exhibits), **Technical Exhibit 6**, Sex Offender Polygraph Services Referral, is deleted and replaced in its entirety as attached.

This Addendum is posted on the following websites:

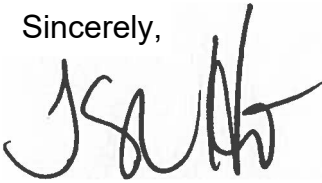
Los Angeles County "Doing Business with Us":

[LA County Solicitations](#)

Los Angeles County Probation:

[Current Solicitations – Probation \(lacounty.gov\)](#)

Sincerely,



Tasha Howard, Director
Contracts & Grants Management Division

Attachment



Los Angeles County Probation Department

SEX OFFENDER POLYGRAPH SERVICES REFERRAL



Email completed form to SRGPolygraph@probation.lacounty.gov

| | | | |
|---|--------------------|---|----------------------|
| 1. REFERRING STAFF | Date: | Area Office: | |
| DPO of Record (Full FIRST and LAST names) | Work Email Address | Office Phone Number | County Mobile Number |
| DPO Signature | | Initial to verify that the Authorization Form is signed and attached to referral: | |

| | | | | | |
|-------------------------|--|------|----------------|----------------------|------------------------|
| 2. CLIENT | First, Mid, Last Name (as it appears in APS) | | X-Number | | Case Number |
| Client's email address | | | Zip Code | Primary Phone Number | Secondary Phone Number |
| Address | | | Date of Birth | Gender | Primary Language |
| Polygraph Information | Current Polygraph | | Last Polygraph | | |
| | # (1 st , 2 nd , etc) | Type | Date | Type | Completed by |
| "Other" polygraph type: | | | | | |

Polygraph Type Key: **SH** - Sexual History **SI** - Specific Issue **MM** - Maintenance/Monitoring **Other** - Elaborate on polygraph type

| | | | |
|--|---------------|--|--------------|
| 3. PROVIDER referred to | Provider Name | Email Address | Phone Number |
| Please indicate which Service Area (SA) ...: | | | |
| <input type="checkbox"/> SA1 - Antelope Valley | | <input type="checkbox"/> SA4 - West Hollywood | |
| <input type="checkbox"/> SA2 - San Fernando, Valencia, Santa Clarita | | <input type="checkbox"/> SA5 - Venice, Culver City, Santa Monica | |
| <input type="checkbox"/> SA3 - Sand Gabriel, Pomona, Pasadena | | <input type="checkbox"/> SA6 - Compton, Lynwood, Paramount | |
| RUU Designee Name | | Date | |

** Provider completes the lower portion of this form and email response to Designee and referring DPO **

| 4. PROVIDER CONFIRMATION | Referral Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ | | | | | | | | |
|--|--|------------|-----------|-----------|-----------|--|--|--|--|
| Appointment scheduled with: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Poly. Type</th> <th>Contact #</th> <th>Appt date</th> <th>Appt time</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Poly. Type | Contact # | Appt date | Appt time | | | | |
| Poly. Type | Contact # | Appt date | Appt time | | | | | | |
| | | | | | | | | | |
| Appointment confirmation to Client completed by | Client informed of appointment | | | | | | | | |
| | Date | Time | Contact # | | | | | | |
| Provider confirmation to DPO completed by | Sent to DPO | | | | | | | | |
| | Date | Time | Contact # | | | | | | |
| Request for additional information: _____ | | | | | | | | | |