



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:

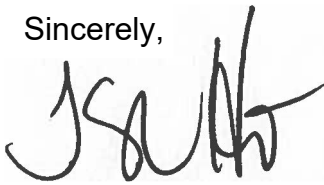
Los Angeles County "Doing Business with Us":

[LA County Solicitations](#)

Los Angeles County Probation:

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Tasha Howard', is positioned above the printed name.

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) ...:			
☐ SA1 - Antelope Valley			
☐ SA2 - San Fernando, Valencia, Santa Clarita			
☐ SA3 - Sand Gabriel, Pomona, Pasadena			
☐ SA4 - West Hollywood			
☐ SA5 - Venice, Culver City, Santa Monica			
☐ SA6 - Compton, Lynwood, Paramount			
☐ SA7 - Whittier, Norwalk, South Gate			
☐ SA8 - Torrance, Long Beach, Inglewood			
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? ☐ Yes ☐ No:			
Appointment scheduled with:		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:				