

**County of Santa Clara  
Emergency Medical Services System**



**Emergency Medical Services Agency**  
700 Empey Way  
San Jose, CA 95128  
408.794.0600 voice 408.885.3538 fax  
www.sccemsagency.org

**NOTICE OF DEFENSE**

Respondents wishing to submit a Notice of Defense shall complete and return this form as indicated in the Accusation / Disciplinary Order within the time prescribed. By submitting this form, Respondent acknowledges service of the Accusation / Disciplinary Order. Accompanying cover letter, this Notice of Defense, and government Code sections 11507.5, 11507.6 and 11507.7.

Respondent's Name: \_\_\_\_\_

EMT Certification Number: \_\_\_\_\_

Date Identified on Accusation / Disciplinary Order: \_\_\_\_\_

Date that Accusation / Disciplinary Order Was Received: \_\_\_\_\_

**Section A**

Respondent shall select one of the statements below.

- \_\_\_ The Respondent admits to the accusation/disciplinary order in whole.
- \_\_\_ The Respondent admits to the accusation/disciplinary order in part. The respondent admits objects to the following portions of the accusation/disciplinary order:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All portions of the Accusation not expressly admitted shall be deemed denied.

**Section B** *(If Respondent objects to any portion of the accusation/disciplinary order, and requests a hearing, Respondent shall complete the following section.)*

Respondent hereby requests a hearing based on the following (check all that apply):

- \_\_\_ The accusation/disciplinary order does not state acts or omissions upon which the agency may proceed.

\_\_\_ The accusation/disciplinary order is so indefinite or uncertain that the respondent cannot identify the transaction or prepare a defense.

\_\_\_ Under the circumstances, compliance with the requirement of a regulation would result in a material violation of another regulation affecting substantive rights.

Section C

If Respondent wishes to present new matter by way of defense, Respondent shall present such matter below:

Multiple horizontal lines for text entry.

Section D

Respondent's Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Respondent's Signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Section E

I am represented by counsel, whose name, address and telephone number appear below:

Counsel's Name \_\_\_\_\_

Counsel's Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Counsel's Telephone Number \_\_\_\_\_

I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices, pleadings and other papers.

Submit to:                    Investigator  
                                  County of Santa Clara Emergency Medical Services Agency  
                                  700 Empey Way  
                                  San Jose, CA 95128