

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Anne M. Adams, M.D.

Physician's and Surgeon's
Certificate No. G 57672

Respondent.

Case No.: 800-2018-041127

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 26, 2021.

IT IS SO ORDERED: July 27, 2021.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Vice Chair
Panel A

1 MATTHEW RODRIQUEZ
Acting Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

14 **ANNE M. ADAMS, M.D.**
15 **8444 Hialeah Way**
Fair Oaks, CA 95628-2609

16 **Physician's and Surgeon's Certificate**
17 **No. G 57672,**

18 Respondent.

Case No. 800-2018-041127

OAH No. 2020120892

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Matthew Rodriguez, Acting Attorney General of the State of California, by Giovanni F.
25 Mejia, Deputy Attorney General.

26 2. Respondent Anne M. Adams, M.D. (Respondent) is represented in this proceeding by
27 attorney Richard A. Jaffe, Esq., whose address is 770 L Street, Suite 950, Sacramento, CA 95814.

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1 Respondent is placed on probation for three (3) years from the effective date of the Decision on
2 the following terms and conditions:

3 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
5 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
7 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
9 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
10 completion of each course, the Board or its designee may administer an examination to test
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
12 hours of CME of which 40 hours were in satisfaction of this condition.

13 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
15 advance by the Board or its designee. Respondent shall provide the approved course provider
16 with any information and documents that the approved course provider may deem pertinent.
17 Respondent shall participate in and successfully complete the classroom component of the course
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
19 complete any other component of the course within one (1) year of enrollment. The medical
20 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
21 Medical Education (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
24 or its designee, be accepted towards the fulfillment of this condition if the course would have
25 been approved by the Board or its designee had the course been taken after the effective date of
26 this Decision.

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1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

4 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
5 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
6 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
7 Respondent shall participate in and successfully complete that program. Respondent shall provide
8 any information and documents that the program may deem pertinent. Respondent shall
9 successfully complete the classroom component of the program not later than six (6) months after
10 Respondent's initial enrollment, and the longitudinal component of the program not later than the
11 time specified by the program, but no later than one (1) year after attending the classroom
12 component. The professionalism program shall be at Respondent's expense and shall be in
13 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

14 A professionalism program taken after the acts that gave rise to the charges in the
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
16 or its designee, be accepted towards the fulfillment of this condition if the program would have
17 been approved by the Board or its designee had the program been taken after the effective date of
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the program or not later
21 than 15 calendar days after the effective date of the Decision, whichever is later.

22 4. PROHIBITED PRACTICE. During probation, Respondent is prohibited from making
23 or issuing any written exemption from immunization, or any other written statements providing
24 that any child is exempt from the requirements of Chapter 1 (commencing with Section 120325,
25 but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 of the Health
26 and Safety Code. After the effective date of this Decision, all patients being treated by
27 Respondent shall be notified of this prohibition. Any new patients must be provided this
28 notification at the time of their initial appointment.

1 Respondent shall maintain a log of all patients to whom the required oral notification was
2 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
3 medical record number, if available; 3) the full name of the person making the notification; 4) the
4 date the notification was made; and 5) a description of the notification given. Respondent shall
5 keep this log in a separate file or ledger, in chronological order, shall make the log available for
6 immediate inspection and copying on the premises at all times during business hours by the Board
7 or its designee, and shall retain the log for the entire term of probation.

8 As used in this section, "patient(s)" refers to minor patients and their parents, custodians
9 and other legal guardians.

10 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

22 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
23 governing the practice of medicine in California and remain in full compliance with any court
24 ordered criminal probation, payments, and other orders.

25 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
26 under penalty of perjury on forms provided by the Board, stating whether there has been
27 compliance with all the conditions of probation.

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1 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
2 of the preceding quarter.

3 9. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

5 Respondent shall comply with the Board's probation unit.

6 Address Changes

7 Respondent shall, at all times, keep the Board informed of Respondent's business and
8 residence addresses, email address (if available), and telephone number. Changes of such
9 addresses shall be immediately communicated in writing to the Board or its designee. Under no
10 circumstances shall a post office box serve as an address of record, except as allowed by Business
11 and Professions Code section 2021, subdivision (b).

12 Place of Practice

13 Respondent shall not engage in the practice of medicine in Respondent's or any patient's
14 place of residence, unless the patient resides in a skilled nursing facility or other similar licensed
15 facility.

16 License Renewal

17 Respondent shall maintain a current and renewed California physician's and surgeon's
18 license.

19 Travel or Residence Outside California

20 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
21 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
22 (30) calendar days.

23 In the event Respondent should leave the State of California to reside or to practice,
24 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
25 departure and return.

26 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
27 available in person upon request for interviews either at Respondent's place of business or at the
28 probation unit office, with or without prior notice throughout the term of probation.

1 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training program
9 which has been approved by the Board or its designee shall not be considered non-practice and
10 does not relieve Respondent from complying with all the terms and conditions of probation.
11 Practicing medicine in another state of the United States or Federal jurisdiction while on
12 probation with the medical licensing authority of that state or jurisdiction shall not be considered
13 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
14 practice.

15 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
16 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
17 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
18 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
19 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

20 Respondent's period of non-practice while on probation shall not exceed two (2) years.

21 Periods of non-practice will not apply to the reduction of the probationary term.

22 Periods of non-practice for a Respondent residing outside of California will relieve
23 Respondent of the responsibility to comply with the probationary terms and conditions with the
24 exception of this condition and the following terms and conditions of probation: Obey All Laws;
25 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
26 Controlled Substances; and Biological Fluid Testing.

27 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. Upon successful completion of probation, Respondent's certificate shall
2 be fully restored.

3 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
4 of probation is a violation of probation. If Respondent violates probation in any respect, the
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
9 the matter is final.

10 14. LICENSE SURRENDER. Following the effective date of this Decision, if
11 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
12 the terms and conditions of probation, Respondent may request to surrender his or her license.
13 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
14 determining whether or not to grant the request, or to take any other action deemed appropriate
15 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
16 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
17 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
18 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
19 application shall be treated as a petition for reinstatement of a revoked certificate.

20 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
21 with probation monitoring each and every year of probation, as designated by the Board, which
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
23 California and delivered to the Board or its designee no later than January 31 of each calendar
24 year.

25 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
26 new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 Accusation No. 800-2018-041127 shall be deemed to be true, correct, and admitted by

1 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
2 restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Richard A. Jaffe, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4-22-2021 
ANNE M. ADAMS, M.D.
Respondent

I have read and fully discussed with Respondent Anne M. Adams, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.


DATED: 4/23 
RICHARD A. JAFFE
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: April 23, 2021 Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General


GIOVANNI F. MEJIA
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-041127

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13 In the Matter of the Accusation Against:

Case No. 800-2018-041127

14 **Anne M. Adams, M.D.**
15 **8444 Hialeah Way**
Fair Oaks, CA 95628-2609

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 57672,**

Respondent.

18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about July 7, 1986, the Medical Board issued Physician's and Surgeon's
24 Certificate No. G 57672 to Anne M. Adams, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on November 30, 2021, unless renewed.

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JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227, subdivision (a) of the Code states:

6 A licensee whose matter has been heard by an administrative law judge of the
7 Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 5. Section 2234 of the Code states, in pertinent part:

22 The board shall take action against any licensee who is charged with
23 unprofessional conduct. In addition to other provisions of this article, unprofessional
24 conduct includes, but is not limited to, the following:

25 (a) Violating or attempting to violate, directly or indirectly, assisting in or
26 abetting the violation of, or conspiring to violate any provision of this chapter.

27 (b) Gross negligence.

28 (c) Repeated negligent acts. To be repeated, there must be two or more
negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically
appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or
omission that constitutes the negligent act described in paragraph (1), including, but
not limited to, a reevaluation of the diagnosis or a change in treatment, and the

1 licensee's conduct departs from the applicable standard of care, each departure
2 constitutes a separate and distinct breach of the standard of care.

3 (d) Incompetence.
4

5 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
6 adequate and accurate records relating to the provision of services to their patients constitutes
7 unprofessional conduct.

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Gross Negligence)**

10 7. Respondent has subjected her Physician's and Surgeon's Certificate No. G 57672 to
11 disciplinary action under section 2234, subdivision (b) of the Code in that she committed gross
12 negligence in the course of her care and treatment of one or more patients. The circumstances are
13 as follows:

14 **Patient A¹**

15 8. On or about September 7, 2016, Respondent conducted a medical exemption
16 evaluation of Patient A, at the time an approximately twelve-year-old minor, that resulted in
17 Respondent's issuance of vaccine exemptions for Patient A.

18 9. Respondent failed to meet with or examine Patient A in person at any point during the
19 medical exemption evaluation of Patient A.

20 10. Respondent failed to receive or document an adequate physician-derived medical
21 history for Patient A during the medical exemption evaluation of Patient A.

22 11. Respondent failed to perform or document an adequate physical examination of
23 Patient A during the medical exemption evaluation of Patient A.

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27 ¹ In the interests of preserving patient confidentiality, a pseudonym is used for any patient
28 referenced in this Accusation. The true identity of any such patient is known to Respondent or
will be disclosed to Respondent following Complainant's receipt of a duly issued request for
discovery.

1 12. On or about September 7, 2016, in a “Medical Exemption Patient Intake” form
2 corresponding to Patient A, Respondent documented, “[a]gree [with] need for medical exemption
3 – due to autoimmune [family history] disease + allergy [history].”

4 13. On or about September 7, 2016, Respondent issued a vaccine exemption letter for
5 Patient A stating, among other things, that:

6 *Based on her personal medical history and the medical history in her immediate family,*
7 *administration of vaccines to [Patient A] is not recommended at this time and I believe could*
8 *be detrimental to her health. This probable duration of this medical condition [sic] is*
9 *permanent so this exemption should be considered permanent. It is my professional opinion*
10 *that she should receive no vaccines either now or in the future, including, but not limited to*
11 *the following:*

12 *DTaP,^[2] TDaP,^[3] DTP^[4] and DT^[5]*
13 *Polio*
14 *Hib^[6]*
15 *Hepatitis B*
16 *MMR^[7]*
17 *Chicken pox (Varicella)*

18 (Italicizing in original.)

19 14. In fact, Respondent had failed to obtain or establish an adequate clinical basis or
20 justification to medically exempt Patient A from all vaccines on a permanent basis.

21 15. Respondent committed gross negligence in the course of her care and treatment of
22 Patient A including, but not limited to:

23 (a) Issuing vaccine exemptions for Patient A without adequate clinical basis or
24 justification;

25 (b) Failing to adequately obtain or document a physician-derived medical history
26 and physical examination for Patient A.

27 ² “DTaP” is an abbreviation for diphtheria, tetanus and acellular pertussis vaccine. It is not
28 commonly administered to older children, such as children approximately 12 years of age.

³ “Tdap” is an abbreviation for the vaccine used to protect older children, adolescents and
adults from tetanus, diphtheria and pertussis. There is no commonly administered vaccine known
as “TDaP”.

⁴ “DTP” is an abbreviation for diphtheria, tetanus and pertussis vaccine. It has not been
commonly administered in the United States since the introduction of DTaP in or around the early
1990s.

⁵ “DT” is an abbreviation for diphtheria and tetanus vaccine. It is not commonly
administered to older children, such as children approximately 12 years of age.

⁶ “Hib” is an abbreviation for haemophilus influenzae type b vaccine. It is not commonly
administered to older children, such as children approximately 12 years of age.

⁷ “MMR” is an abbreviation for measles, mumps, and rubella vaccine.

Patient B

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2 16. On or about November 8, 2017, Patient B, at the time an approximately five-year-old
3 minor, presented to Respondent for a medical exemption evaluation that resulted in Respondent's
4 issuance of a vaccine exemptions for Patient B.

5 17. In her progress note for the medical exemption evaluation of Patient B, Respondent
6 documented, among other things, that Patient B had "normal physical appearance and
7 age-appropriate behavior." Respondent further documented:

8 There does appear to be a valid question of vaccine safety for patient. With the family
9 history of ADHD and depression. [Sic] I believe that there is a possible harm to [Patient B]
10 if [Patient B] is further vaccinated. Although new evidence may come in to [sic] play, it is
11 not likely to do so for quite some time.

12 Further studies are needed to confirm or refute this association....

13 18. On or about November 10, 2017, Respondent issued a "Medical Exemption to
14 Required Immunizations" form medically exempting Patient B from the following vaccines:

- 15 (a) Polio, until May 7, 2024;
- 16 (b) DTaP, permanently;
- 17 (c) MMR, until May 7, 2023;
- 18 (d) Hib, permanently;
- 19 (e) Hepatitis B, until May 7, 2023;
- 20 (f) Varicella, until May 7, 2024; and
- 21 (g) Tdap, until May 7, 2023.

22 19. On or about December 19, 2017, Respondent issued an addendum letter to the
23 "Medical Exemption to Required Immunizations" form that she had previously issued for
24 Patient B. The addendum letter stated, in part:

25 ...The exemption is because medical circumstances relating the the [sic] student are
26 such that I do not believe immunization safe. The specific nature of the circumstance is
27 based on family history. The exemption includes the time needed for the student to have the
28 required vaccines on a delayed schedule. The duration for each exemption is as noted on the
original exemption form....

20. In fact, Respondent had failed to obtain or establish an adequate clinical basis or
justification for the medical vaccine exemptions she issued for Patient B.

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FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

28. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under sections 2234 and 2266 of the Code in that she failed to maintain adequate and accurate records relating to her provision of services to Patient A as more particularly alleged in paragraphs 7 to 15, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Violating or Attempting to Violate the Medical Practice Act)

29. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under section 2234, subdivision (a) of the Code in that she violated or attempted to violate, directly or indirectly, assisted in or abetted the violation of, or conspired to violate one or more provisions of the Medical Practice Act as more particularly alleged in paragraphs 7 to 28, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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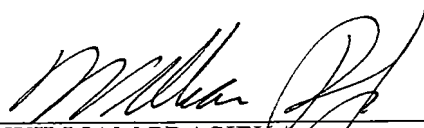
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 57672, issued to Anne M. Adams, M.D.;
2. Revoking, suspending or denying approval of Anne M. Adams, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Anne M. Adams, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: DEC 04 2020



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant