

United States Department of Health and Human Services

**DEPARTMENTAL APPEALS BOARD**

Civil Remedies Division

In the Case of:	)	
	)	
_____	)	Date:
	)	
Petitioner,	)	
	)	Docket No. C-        -
- v. -	)	
	)	
The Inspector General.	)	
_____	)	

**INFORMAL BRIEF OF PETITIONER**

The Inspector General (I.G.) argues that he must exclude you from participating in Medicare, Medicaid, and other federally-funded health care programs for at least five years, because you were convicted of crimes that are described at section 1128(a)(1) and/or section 1128(a)(3) of the Social Security Act.

The issue in this case is whether the I.G. is required to exclude you.

**I. Were you convicted of a criminal offense AND/OR of a felony that was committed after August 21, 1996?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**A. Do you agree that you were convicted of a criminal offense that was committed after August 21, 1996?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

B. Do you agree that you were convicted of a felony that was committed after August 21, 1996?  Yes  No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

## **II. Were you convicted of an offense for which exclusion is required?**

The I.G. argues that he must exclude you, because:

A. Your conviction was of a criminal offense related to the delivery of an item or service under Medicare or a State Medicaid program. Do you disagree with the I.G.'s argument?  Yes  No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do; and/or

B. Your conviction was of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct that was committed: in connection with the delivery of a health care item or service; or with respect to any act or omission in a health care program other than Medicare or a State Medicaid program operated by, or financed in whole or in part by, any federal, State, or local government agency.

Do you disagree with the I.G.'s argument?

\_\_\_\_ Yes    \_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

**III. Do you believe that an in-person hearing is necessary to decide your case?**

\_\_\_\_ Yes    \_\_\_\_ No

Do you have any testimony that you wish to offer at an in-person hearing?

\_\_\_\_ Yes    \_\_\_\_ No

If you have testimony that you wish to offer, provide the following:

1. The name of each witness whose testimony you want to offer.
  
2. A description of each witness' proposed testimony and an explanation of why you believe that the testimony relates to any of the arguments you want to offer in connection with items I and II.
  
3. An explanation of why the proposed testimony does not duplicate something that is already stated in an exhibit.

**IV. Do you have any other arguments you wish to make?** If so, please state them here. State which exhibits support your argument(s) and explain why they do.

\_\_\_\_\_  
Petitioner or Petitioner's Representative

Date: \_\_\_\_\_