



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

June 19, 1992

Jeffrey A. August, D.P.M.
10798 Belleville Road
Belleville, MI 48111

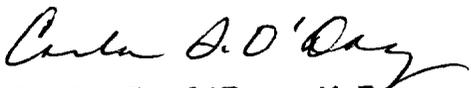
Dear Doctor August:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on June 17, 1992.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,


Carla S. O'Day, M.D.
Secretary

CS0:em
Enclosures

CERTIFIED MAIL RECEIPT NO. P 741 123 764
RETURN RECEIPT REQUESTED

Mailed 7/7/92



STATE MEDICAL BOARD OF OHIO

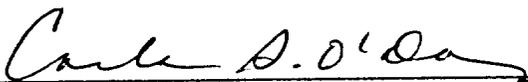
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on June 17, 1992, constitutes a true and complete copy of the Findings, Order and Journal Entry in the matter of Jeffrey A. August, D.P.M., as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.

(SEAL)



Carla S. O'Day, M.D.
Secretary

7/7/92

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

JEFFREY A. AUGUST, D.P.M.

*

FINDINGS, ORDER AND JOURNAL ENTRY

This matter came on for consideration after a citation letter was mailed to Jeffrey A. August, D.P.M., by the State Medical Board of Ohio on April 11, 1991.

By letter dated April 10, 1991, notice was given to Jeffrey A. August, D.P.M., that the State Medical Board intended to consider disciplinary action regarding his license to practice podiatric medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.09, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known address of Jeffrey A. August, D.P.M., that being 10798 Belleville Road, Belleville, MI, 48111.

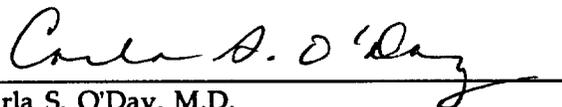
Dr. August timely requested a hearing, but subsequently withdrew that request by letter dated July 29, 1991.

WHEREFORE, it is hereby ORDERED that for the reasons outlined in the April 10, 1991 letter of notice, which is attached hereto and incorporated herein, accordingly, the license of Jeffrey A. August, D.P.M., to practice podiatric medicine and surgery in Ohio be PERMANENTLY REVOKED.

This ORDER shall become effective immediately.

This ORDER is hereby entered upon the Journal of the State Medical Board of Ohio for the 17th day of June, 1992, and the original thereof shall be kept with said Journal.

(SEAL)


Carla S. O'Day, M.D.
Secretary

7/7/92
Date

AFFIDAVIT

I, Debra L. Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board");
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Jeffrey A. August, D.P.M.;
- 5) That based on such examination, I have found the last known address of record of Jeffrey A. August, D.P.M., to be:

10798 Belleville Road
Belleville, MI 48111

- 6) Further, Affiant Sayeth Naught.



Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Lauren Lubow
Notary Public, this 5th day of June, 1992.



Notary Public

LAUREN LUBOW, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

April 10, 1991

Jeffrey A. August, D.P.M.
10798 Belleville Road
Belleville, MI 48111

Dear Doctor August:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about February 1, 1991 the State of Michigan, Department of Licensing and Regulation, Bureau of Health Services entered a Final Order revoking your license to practice podiatric medicine and surgery. A copy of the aforementioned Final Order is attached hereto and fully incorporated herein.

The revocation of your Michigan license to practice podiatric medicine as alleged in paragraph (1) above, individually and/or collectively constitutes "the limitation, revocation or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that would also have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(6), Ohio Revised Code, and Rules 4731-11-02(D) and (E), Ohio Administrative Code.

Such acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively constitute "commission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: 21 U.S.C. Section 841(a)(1) to wit: 21 CFR 1304.03(b).

Mailed 4/11/91

April 10, 1991

Further, such acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "commission of an act that constitute a misdemeanor in this state regardless of the jurisdiction in which the act was committed, if the act was committed in the course of practice," as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 3719.07, Ohio Revised Code, Records of controlled substances.

- (2) In your renewal application for your license to practice podiatric medicine and surgery in the State of Ohio for the 1991-1992 biennium you answered "No" to the question which asked "(a)t any time since the signing of your last application for renewal of your certificate have you (h)ad any disciplinary action taken or initiated against you by any state licensing board?".

In fact on or about August 11, 1989 the State of Michigan, Department of Licensing and Regulation, Bureau of Health Services issued a complaint against you concerning your license to practice podiatric medicine in that state. Subsequently, on or about February 5, 1990 an amended complaint was filed against you by that state's licensing board.

Such acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "fraud, misrepresentation, or deception in applying for or securing any license or certificate issued by the board," as that clause is used in Section 4731.22(A), Ohio Revised Code.

Further such acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "publishing a false, fraudulent, deceptive, or misleading statement," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, such acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "obtaining of, or attempting to obtain money or anything of value by fraudulent misrepresentations in the course of practice," as that clause is used in Section 4731.22(B)(8), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

Jeffrey A. August, D.P.M.
Page 3

April 10, 1991

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Henry G. Cramblett, M.D.
Secretary

HGC:jmb
Enclosures:

CERTIFIED MAIL #P 055 328 560
RETURN RECEIPT REQUESTED

STATE MEDICAL BOARD
OF MICHIGAN

FEB 13 AM 9:36

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF PODIATRIC MEDICINE AND SURGERY

In the Matter of
JEFFERY A. AUGUST, D.P.M.

Docket No. 89-679

FINAL ORDER

WHEREAS, the Attorney General, on August 11, 1989, filed an administrative complaint and a First Amended Complaint on February 5, 1990 with the Board of Podiatric Medicine and Surgery, hereafter Board, charging Jeffery A. August, D.P.M., hereafter Respondent, with having acted in violation of sections 16221 (a), (b)(i), (c)(iii), (c)(iv) and (g) of the Public Health Code, 1978 PA 368, as amended; and

WHEREAS, an administrative hearing on the aforesaid complaint was held before a hearing examiner who, on October 17, 1990, filed his report setting forth recommended findings of fact and conclusions of law, a copy of which is attached hereto; and

WHEREAS, the Board, having read the administrative record, considered the within matter at a regularly scheduled meeting held in Lansing, Michigan, on January 9, 1991, and at said meeting approved the hearing examiner's rulings and adopted said hearing examiner's findings of fact and conclusions of law; now, therefore

IT IS HEREBY ORDERED that Respondent's license to practice podiatric medicine and surgery in the State of Michigan shall be and hereby is revoked for each violation of sections 16221 (a), (b)(i) and (g) of the Public Health Code, supra.

IT IS FURTHER ORDERED that the sanctions herein imposed shall run concurrently, commencing on the effective date of this order.

IT IS FURTHER ORDERED that, reinstatement of a license which has been revoked is not automatic and, in the event Respondent applies for reinstatement of his license, application for reinstatement shall be in accordance with 1980 AACRS R 338.986. Further, Respondent shall supply to the Board, pursuant to section 16247 of the Public Health Code, supra, clear and convincing evidence that Respondent is of good moral character, is mentally and physically able to practice the profession with reasonable skill and safety, and that it is in the public interest for Respondent to resume practice.

IT IS FURTHER ORDERED that this order shall be effective thirty (30) days from the date signed by the Board's Chairperson or authorized representative as set forth below.

Signed this 1ST day of FEBRUARY, 1991..

MICHIGAN BOARD OF PODIATRIC MEDICINE AND SURGERY

By Herman Fishman
Herman Fishman
Licensing Executive

This is the last and final page of a Final Order in the matter of Jeffery A. August, D.P.M., Docket No. 89-679, before the Michigan Board of Podiatric Medicine and Surgery, consisting of 3 pages, this page included.

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
ADMINISTRATIVE LAW SERVICES
BOARD OF PODIATRIC MEDICINE

Matter of

JEFFREY A. AUGUST, DPM
_____ /

No. 89-679

Issued and entered
10/17/90
Erick Williams
Administrative Law Judge

OPINION

I

Background

Jeffrey A. August is a podiatrist accused of failing to keep track of controlled substances. The Attorney General issued a complaint on 11 August 1989 and an amended complaint on 5 February 1990. Dr. August filed an answer to the complaint on 28 August 1989 and to the amended complaint on 1 March 1990. Hearings were held on 24 January 1990, 22 March 1990 and 10 May 1990. David Rosenberg, of Rosenberg and Nelson, represented Dr. August. Mark E. Donnelly, Assistant Attorney General, represented the state.

II

Applicable Law

Section 16221 of the Public Health Code, MCLA 333.16221, MSA 14.15(16221) provides, at subsections (a), (b)(i), (c)(iii), (c)(iv), and (g) as follows:

Sec. 16221. The department may investigate activities related to the practice of a health profession by a licensee, a registrant, or an applicant for licensure or registration. The department may hold hearings, administer oaths, and order relevant testimony to be taken and shall report its findings to the appropriate board or appropriate task force. The board shall proceed under section 16226 if the board finds that any of the following grounds exist:

(a) A violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, the ability to safely and skillfully practice the health profession.

(b) Personal disqualifications, consisting of any of the following:

(i) Incompetence.

(c) Prohibited acts, consisting of any of the following:

(iii) Practice outside the scope of a license.

(iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or a drug as defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

(g) A violation, or aiding or abetting in a violation, of this article or of rules promulgated under this article.

Section 17745 of the Public Health Code, MCLA 333.17745, MSA 14.15(17745), provides:

Sec. 17745. (1) A prescriber who wishes to dispense drugs shall obtain from the board a drug control license for his or her principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs.

(2) A dispensing prescriber shall comply with the contents, quality, labeling, and container specifications for prescriptions dispensed to the public as provided in sections 17722(a) and (b), 17756, 17757, and 17761.

(3) A patient's chart or clinical record shall include a complete record of all drugs issued directly by a dispensing prescriber or indirectly under his or her delegatory authority.

1980 AACR R 338.3141 provides:

Rule 41. (1) An applicant or licensee shall provide effective controls against theft and diversion of controlled substances.

(2) A licensee shall determine that a person is licensed to possess a controlled substance before distributing the substance to the person.

(3) A licensee shall notify the administrator of a theft or loss, whether or not the controlled substance is subsequently recovered or the responsible party is identified and action is taken against the party.

1980 AACR R 338.3143 provides:

Rule 43. (1) A controlled substance that is listed in schedule 1 of R 338.3111 to R 338.3114 shall be stored in a securely locked, substantially constructed cabinet which shall be anchored to a wall or floor.

(2) A controlled substance that is listed in schedules 2, 3, 4, and 5 of R 338.3116 to R 338.3125 shall be stored in a securely locked, substantially constructed cabinet or cart. However, in a pharmacy, the controlled substances may be dispersed throughout the stock of non-controlled substances in a manner to obstruct the theft or diversion of controlled substances.

(3) Parenteral dosage forms which contain amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs and which are required by the federal food, drug and cosmetic act, 21 USC sec 301 et seq., or by regulations promulgated thereunder to be kept under refrigeration may be stored in compliance with the scheduled III regulations set forth in 21 CFR Sections 1301.71 to 1301.76.

(4) This rule also applies to a nonpractitioner who is authorized to conduct research, chemical analysis, or instructional activity under another registration.

1982 AACS R 338.3151 provides:

Rule 51. (1) A licensee shall make and maintain a complete and accurate inventory of all stocks of controlled substances.

(2) The inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken as follows:

(a) If the substance is listed in schedules 1 or 2, the licensee shall make an estimated count or measure of the contents.

(b) If the substance is listed in schedule 3, 4, or 5, the licensee shall make an estimated count or measure of the contents, but if the container holds more than 1,000 dosage units, such as tablets or capsules, the licensee shall make an accurate count of the contents.

(3) A licensee shall make a separate inventory for each licensed location on the date that he or she first engages in the activity covered by his or her license. The inventory record for a licensed location shall be kept at the licensed location and a copy shall be forwarded to the administrator upon request.

(4) A licensee shall indicate on the inventory record whether the inventory was taken as of the opening or closing of the day that the inventory was taken.

(5) A licensee shall maintain the inventory in a written, typewritten, or printed form. The inventory taken by use of an oral recording device shall be promptly transcribed.

(6) A licensee shall sign and date the inventory record.

1980 AACS R 338.3153 reads:

Rule 53. (1) A licensee shall keep and make available for inspection all invoices and other acquisition records. Records may be kept at a central location, subject to approval of the administrator. The approval shall specify the nature of the records to be kept and the exact location where the records will be kept. All records shall be readily retrievable within 48 hours.

(2) A licensee shall maintain acquisition records as follows:

(a) Invoices and other acquisition records of all controlled substances listed in schedules 1 and 2 of R 338.3111 to R 338.3119 shall be maintained in a separate file.

(b) Invoices and other acquisition records of all controlled substances listed in schedules 3, 4, and 5 or R 338.3120 to R 338.3125 shall be maintained in a separate file or in such form so that the information required is readily retrievable from the ordinary acquisition records maintained by the dispenser.

(3) A licensee shall initial and place upon the invoice the date the controlled substances are received.

(4) A licensee shall keep a record of all controlled substances dispensed by him or her.

(5) Except in medical institutions, original prescriptions shall be maintained in chronological order as follows:

(a) A separate file shall be maintained for dispensed substances listed in schedule 2 of R 338.3116 to R 338.3119.

(b) A separate file shall be maintained for dispensed substances listed in schedules 3, 4, and 5 of R 338.3120 to R 338.3125.

(6) Records of controlled substances distributed to another licensee, including the name, address, federal licensing number, and date, shall be maintained in the appropriate file described in subrule (2) of this rule or in a separate record available for inspection.

(7) Complete controlled substances records shall be maintained or controlled by the licensee for 2 years.

1979 AACR R 338.3170 provides:

Rule 70. (1) A prescriber in the course of his professional practice only, may dispense or administer, or both, a controlled substance listed in schedules 2 to 5 or he may cause them to be administered by a nurse or intern under his direction and supervision.

(2) A prescriber may dispense or administer, or both, in the course of his professional practice, a controlled substance listed in schedules 2 to 5, directly to a drug dependent person for the purpose of continuing his dependence in a drug treatment and rehabilitation program.

(3) A veterinarian, in the course of his professional practice only and not for use by a human being, may dispense or administer, or both, a controlled substance listed in schedules 2 to 5 or he may cause them to be administered by an assistant or orderly under his direction and supervision.

III

Findings of Fact

Jeffrey August is a licensed podiatrist. He has a controlled substances license, which allows him to possess controlled drugs, but he does not have a drug control license, which would allow him to dispense packages of drugs to patients for use at home.

The Michigan Licensing and Regulation Department began investigatory proceedings against Dr. August after finding that his purchases of controlled substances were statistically unusual. In its investigation the Department of Licensing and Regulation got purchase records from Dr. August's main supplier, and seized Dr. August's controlled substances and records.

The principal drug involved in this case is the liquid compound hydrocodone, a schedule III controlled substance, which is included in the brand name syrups Hycodan, Zydone, and Viden, FDA-approved for cough and cold relief (although the preparation may have the effect of a narcotic on pain). From 1 July 1987 to 1 February 1989, Dr. August purchased 415 pints of hydrocodone. From 9 March 1989 to 25 April 1989, Dr. August bought an additional three gallons of hydrocodone.

Dr. August keeps his medicines in a room in his office suite, with cabinets and shelves along the walls. The room is not locked, but we do not know how the cabinets are constructed and the drugs secured. (Transcript, 22 Mar 90, pp 90-91)

Dr. August testified that he routinely uses hydrocodone syrup in connection with surgeries to control pain. He gives 15 to 30 ml hydrocodone preoperatively in a dixie cup for its calming effect. He does not always record preoperative administration of hydrocodone in a patient's medical record. He gives hydrocodone postoperatively for pain, and he gives his patients 2 to 3 days' supply of hydrocodone to take home in little bottles that he fills himself. Dr. August testified that that he gave his patients instructions to take one tablespoon of hydrocodone every four hours for pain. (Transcript, 22 Mar 90, pp 65-73; 10 May 1990, pp 60-63).

The L&R investigator, Rosalie Barron, offered the opinion that the bulk of Dr. August's purchases of hydrocodone could not be traced. That opinion is supported by the facts, including Dr. August's own testimony. August had a book (Exhibit A) and invoice records (Exhibits 5 and 6) detailing his purchases of drugs from his supplier, but no inventory. August did not maintain a separate dispensing log nor, as noted above, did he routinely record administration or dispensing of hydrocodone in patient charts. August did not keep a count of the controlled substances on hand at any given time.

Ms Baran conducted a poll of August's adult surgery patients, a population of 62 adults. Baran randomly sampled 12 of those patients, none of whom reported receiving hydrocodone syrup as a pain medication in connection with their surgeries.

Given his office records and the results of the poll of his patients, Dr. August's account of the way he used the hydrocodone is subject to grave doubt. But even giving Dr. August full credibility, his explanation is not adequate. August performed about 105 surgical procedures during the July 1987 to February 1989 period. (Exhibit 8) Assuming as much as 1/2 pint of syrup administered and dispensed in connection with each of 105 surgeries during the period in question, that would account for only 53 of the 415 pints Dr. August bought. When his drug supply

was seized by the L&R investigator, August had 9 pints on hand, leaving over 350 pints unaccounted for. (Transcript, 10 May 1990, p 57) In short, 7/8ths of Dr. August's supply of hydrocodone disappeared without a trace. The inference that the drug was diverted to the illegal market is inescapable.

IV

Conclusions of Law

1. Dr. August failed to keep accurate records of the hydrocodone he purchased, to the extent that the amounts dispensed and administered are substantially untraceable, leaving the bulk of his drug purchases unaccounted for. Dr. August admitted that he habitually neglected to record the hydrocodone he dispensed to patients. Accordingly, Dr. August is subject to disciplinary action, having acted negligently and below minimal professional standards, in violation of sections 16221(a) and (b)(1) of the Public Health Code (negligence and incompetence), and in violation of section 17745(3) of the Public Health Code, as well as 1982 AACS R 338.3151 and 1980 AACS R 338.3153 (recordkeeping).
2. Having lost track of substantial amounts of hydrocodone through a defective control system to a degree that suggests that the drug may have found its way into the illegal market, Dr. August is subject to disciplinary action under section 16221(g) of the Public Health Code for a violation of 1980 AACS R 338.3141(1) (duty to guard against diversion).

3. Having dispensed hydrocodone to his surgery patients from 1 July 1987 to 1 February 1989 without a drug control license, Dr. August is subject to disciplinary action under section 16221(g) of the Public Health Code for a violation of section 17745 (drug control licensure requirement).
4. There is not enough information on which to conclude that the physical storage facilities for controlled substances at Dr. August's clinic were not securely locked or substantially constructed. We have no details showing how the facilities were constructed. Accordingly, no violation of 1980 AACRS R 338.3143 (construction specifications) has been established.
5. Although the probability is strong that the hydrocodone was diverted to the illegal market, that conclusion rests on the large amount of the drug unaccounted for, and not on any specific instances of Dr. August's conduct arranging for diversion of the drugs. Without proof of specific instances of diversion, there is not enough information on which to conclude that Dr. August's intent in this affair was to sell, give away, prescribe, or administer hydrocodone for other than a lawful diagnostic or therapeutic purpose. Accordingly, no violation of section 16221(c)(iv) (illegal possession/dispensing) has been established.

6. There is not enough information on which to conclude that Dr. August, a podiatrist, was practicing reproductive medicine or cardiology on his relatives. August's testimony is unrebutted that he had various samples in his office left by drug company representatives. With respect to his wife, Dr. August's evidence is unrebutted that his wife was being treated by another doctor and that the drugs he supplied her were samples left by drug company representatives in a colleague's office. (Transcript, 22 Mar 90, pp 86-87) Accordingly, no violation of section 16221(c)(iii) of the Public Health Code or 1979 AC R 338.3170 (practicing outside the scope of podiatry) has been established.

ERICK WILLIAMS

Erick Williams
Administrative Law Judge

CERTIFICATE OF SERVICE

I hereby certify to the best of my knowledge, information and belief that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by mailing the same to them at their respective addresses as disclosed

by the file with postage fully prepaid on the _____ day of _____, 19____

Hearings Clerk

cc: