

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?

_____ Yes _____ No

The I.G. argues that he must exclude you, because your conviction related to the delivery of an item or service under Medicare or a State health care (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.

III. Is the length of your exclusion unreasonable? The I.G. argues that there is evidence relating to certain aggravating factors that he says supports the length of the exclusion.

A. Do you disagree with the I.G.'s identification of aggravating factors in your case? _____ Yes _____ No

If you **disagree**, state which of the aggravating factors cited by the I.G. you believe are not present. Explain why you disagree. State which exhibits support your argument(s) and explain why they do.

B. If you agree that there is/are an aggravating factor or factors present in your case but believe that the exclusion is nonetheless not justified by the presence of that factor or factors, explain your reasons for your argument. State which exhibits support your arguments and explain why they do.

C. Do you believe that a mitigating factor or factors exist(s) that support(s) reducing the length of your exclusion (before answering this question, read the list of potentially mitigating factors that is set forth at 42 C.F.R. § 1001.102(c))?

Yes No

If you believe that a mitigating factor or factors exist(s), state what it is/they are and explain why the presence of the factor or factors should support reducing the length of your exclusion. State which exhibits support your argument(s) and explain why they do.

V. 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: _____