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| STATE OF MICHIGAN 52ND JUDICIAL CIRCUIT HURON COUNTY | JUDGMENT OF SENTENCE <input type="checkbox"/> COMMITMENT TO JAIL | CASE NO. 09-004752-FH-K |
|--|---|----------------------------|

ORI MI-320035J Court Address COUNTY BUILDING EAST HURON STREET BAD AXE, MI 48413 Court Telephone no. 989-269-7112
Police Report No. 04122840

THE PEOPLE OF The State of Michigan

V

Defendant name, address, and telephone no.
JEN T. HUNG
210 NORTH OUTER DRIVE
BAD AXE, MI 48413

| | | |
|-------------------------|-----|----------------|
| CTN/TCN 970790093401 | SID | DOB 7/27/50 |
|-------------------------|-----|----------------|

THE COURT FINDS:

1. Defendant was found guilty on 2/08/10 of the crime(s) as stated below:
Date

| Count | CONVICTED BY | | | DISMISSED BY* | CRIME | CHARGE CODE(S) MCL citation/PACC code |
|-------|--------------|-------|------|---------------|---------------------------|--|
| | Plea* | Court | Jury | | | |
| 1 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 2 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 3 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 4 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 5 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 6 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 7 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
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| 32 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 33 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 34 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
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| 50 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 51 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
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| 53 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 54 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 55 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 56 | | | | NP | HEALTH CARE FRAUD FLSE CL | 752.10031 |
| 57 | | | | NP | LARCENY BY CONVERSION-\$10 | 750.3623A |
| 58 | | | | NP | LARCENY BY CONVERSION-\$10 | 750.3623A |
| 59 | | | | NP | LARCENY BY CONVERSION-\$10 | 750.3623A |
| 60 | G | | | | HEALTH CARE FRAUD FLSE CL | 752.10031 ATTEMPT |
| 61 | G | | | | HEALTH CARE FRAUD FLSE CL | 752.10031 ATTEMPT |

*For plea: insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill. For dismissal: insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

2. Defendant represented by an attorney: CHAMBERLAIN, CHARLES E., JR.
 advised of right to counsel and appointed counsel and knowingly, intelligently, and voluntarily waived that right.
3. Conviction reportable to Secretary of State.
 Defendant's driver's license number is _____.
4. Sanctions reportable to State Police. Revoked. Suspended _____ days. Restricted _____ days.
5. HIV testing and sex offender registration is completed.
6. Defendant has been fingerprinted according to MCL 28.243.

IT IS ORDERED:

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7. Probation is revoked.
8. Defendant is sentenced to jail as follows: Report at _____ m.

| Count | Date Sentence Begins | Sentenced | | Credited | | To Be Served | | Release Authorized for the Following Purpose | Release Period | |
|-------|----------------------|-----------|------|----------|------|--------------|------|---|----------------|----|
| | | Mos. | Days | Mos. | Days | Mos. | Days | | From | To |
| 60 | | | | | 0 | | | <input type="checkbox"/> Upon payment of fine/costs <input type="checkbox"/> To work or seek work..... <input type="checkbox"/> For attendance at school.. <input type="checkbox"/> For medical treatment..... <input type="checkbox"/> Other _____ | | |
| 61 | | | | | 0 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

9. Defendant shall pay: \$60.00 CRIME VICTIM RIGHTS \$136.00 STATE MINIMUM COSTS
\$200.00 FINES-LIBRARY FUND \$200.00 COURT COSTS \$32319.00 RESTITUTIONS PAYABLE
\$32915.00 TOTAL \$32915.00 BALANCE

The due date for payment is 4/19/10. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. Only the fine and some costs may be satisfied by serving time in jail. Defendant shall serve _____ days in jail beginning _____ for failure to pay on time.

10. Defendant shall be placed on probation for 18 months and abide by the terms of probation. (See separate order.)
11. Defendant shall complete the following rehabilitative services.
 Alcohol Highway Safety Education Treatment (outpatient, inpatient, residential, mental health).
 Specify:
12. The vehicle used in the offense shall be immobilized or forfeited. (See separate order.)
13. The concealed weapon board shall suspend for _____ days permanently revoke the concealed weapon license, permit number _____, issued by _____ County.
14. Other: Probation Oversight at \$10 per month.

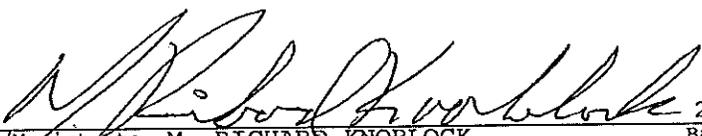
DEPT OF ATTORNEY GENERAL

APR 22 2010

HEALTH CARE FRAUD DIVISION

4-19-10
Date

(SEAL)


 Judge/Magistrate M. RICHARD KNOBLOCK 24808 Bar no.

| | | |
|--|--------------------|---|
| STATE OF MICHIGAN 52nd Circuit Court - Huron County | ORDER OF PROBATION | CASE NO. 9500 (1)092752 APR 25 11:35 FILED PEGGY KOEHLER CLERK HURON COUNTY CLERK |
|--|--------------------|---|

ORI: MI320035J Court Address: County Bldg., 250 E. Huron
Bad Axe Michigan 48413

Court Telephone: (989)269-7414

THE PEOPLE OF THE STATE OF MICHIGAN

Huron County

V

Defendant's name, address and telephone no.
Hung, Jen T.
210 North Outer Drive
Bad Axe Michigan 48413 (989)269-7660

| | | | |
|-----------------------|-----|-----------------|-------------------|
| CTN 32-07900934-01 | TCN | SID 3284403E | DOB 07/27/1950 |
|-----------------------|-----|-----------------|-------------------|

Probation Officer: ARLENE S HASS Term: 1 year(s) 6 month(s) (04/19/2010)
Offenses: (1) 752.10031[A] - Health Care Fraud - False Claim (Attempt)
(2) 752.10031[A] - Health Care Fraud - False Claim (Attempt)

Judgment of guilt is deferred under: MCL 333.7411, Controlled Substance Act MCL 750.350a, Parental Kidnapping Act
 MCL 762.14, Youthful Trainee Status MCL 600.1070, Drug Treatment Court

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and the defendant shall:

- Not violate any criminal law of any unit of government.
- Not leave the state without the consent of this court.
- Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing, as required by the probation officer.
- Notify the probation officer immediately of any change of address or employment status.
- Pay the following to the court:

| | |
|------------------------------|--------------------|
| Fine..... | \$200.00 |
| Costs..... | \$200.00 |
| Restitution..... | \$32,319.00 |
| Crime Victim Assessment..... | \$60.00 |
| Attorney Fee..... | \$ |
| State Costs..... | \$136.00 |
| Drug Court Fee..... | \$ |
| Other..... | \$ |
| TOTAL..... | \$32,915.00 |

- a. The due date for payment is _____.
- b. Total amount due may be paid in installments of \$ 1900 per month starting on April 19, 2010, and paid in full by the due date stated on the judgement of sentence or by _____.
Fines, costs and fees not paid within 56 days of the date owed or of any installment payment date are subject to a 20% late penalty on the amount owed.

- Pay a supervision fee to the Department of Corrections in the amount of \$ 180.00 The fee is payable immediately.
 Total amount due may be paid in installments of \$ 10 per month starting on April 19, 2010, payable to the State of Michigan.

- 08.1 You must pay restitution in the amount of \$32,319 as follows: \$27,700 to the State of Michigan, \$4584 to Blue Cross/Blue Shield, and \$35 to the Huron County Sheriff's Department for DNA collection. You must execute a wage assignment to pay restitution if you are employed and miss two regularly scheduled payments.
- 08.18 You must pay \$136 (\$68 each count) State Cost as ordered by the Court.
- 08.2 You must pay a crime victim's assessment in the amount of \$60 as ordered by the court.
- 08.4 You must pay court costs of \$200 (\$100 each count) as ordered by the court. These costs may be paid at the rate of \$15 per month.
- 08.5 You must pay a fine of \$200 (\$100 each count) as ordered by the court. This fine may be paid at the rate of \$15 per month.

Failure to comply with this order may result in a revocation of probation and incarceration.

4-23-10
Date _____ Judge The Honorable M. Richard Knoblock Bar No. P24808
I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

Date _____ Defendant's signature _____