

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

Re: Judy Roberts, R.N.  
License No.: E53852

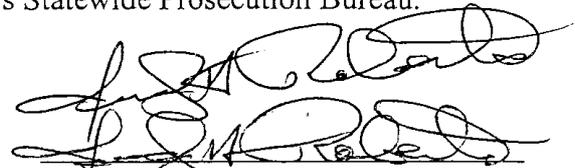
<sup>2003</sup>  
Petition No. ~~2001~~-0918-010-078

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Judy Roberts, R.N., being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a registered nurse. I presently hold license number E53852.
4. I hereby voluntarily surrender my license to practice as a registered nurse in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2003-0918-010-078 shall be deemed true. I further understand that any such application must be made to the Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2003-0918-010-078 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2003-0918-010-078. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.
9. I understand that I have the right to consult with an attorney prior to signing this affidavit.

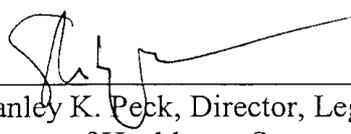
10. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

  
Judy Roberts, R.N.

Subscribed and sworn to before me this 20 day of October 2003.

KIMBERLY KOHLMAN POLLOCK  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires November 14, 2003  
Commission Number CC887398

  
Notary Public  
Commissioner of Superior Court

Accepted:   
Stanley K. Peck, Director, Legal Office  
Bureau of Healthcare Systems

10/27/03  
Date

dmt/robertsvolsur