

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH

Re: Michael J. Formica, P.C.  
License No.: 000869

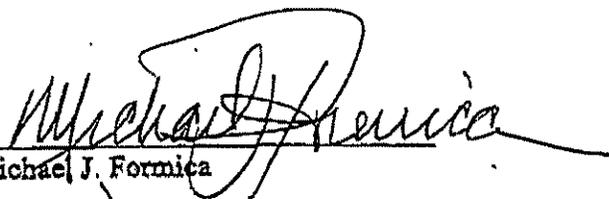
Petition No. 2006-0915-046-003

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE

Michael J. Formica, being duly sworn, deposes and says:

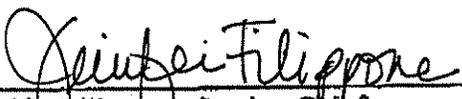
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice professional counseling. I presently hold license number 000869.
4. I hereby voluntarily agree not to renew or reinstate my license to practice professional counseling 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 2006-0915-046-003 shall be deemed true by the Department. I further understand that any such application must be made to the Department which shall have absolute discretion, as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
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 2006-0915-046-003 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate my license is a reportable event and is public information.
9. 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. 2006-0915-046-003. 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.

- 10. I understand that I have the right to consult with an attorney prior to signing this affidavit.
- 11. 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.
- 12. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
- 13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

  
 Michael J. Formica

Subscribed and sworn to before me this 9<sup>th</sup> day of December 2008.

  
 Notary Public  
 Commissioner of Superior Court

Accepted:   
 Jennifer Filippone, Section Chief  
 Practitioner Licensing and Investigations  
 Healthcare Systems Branch

12/10/08  
 Date