

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 certification 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 of the Connecticut State Regulations.



Robert deMaille-Von Schmidt

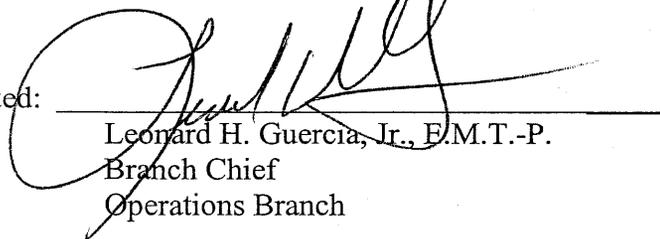
Subscribed and sworn to before me this 11th day of Sept 2006.



Notary Public
Commissioner of Superior Court

PATRICIA L. LATHAM
Notary Public
My Commission Expires March 31, 2010

Accepted:



Leonard H. Guercia, Jr., E.M.T.-P.
Branch Chief
Operations Branch

9/20/06

Date