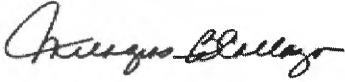


Consent Order

FILED

Date: March 16, 2023

Alcohol and Drug Counselor
Committee



STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMILY THERAPY
EXAMINERS, ALCOHOL AND DRUG
COUNSELOR COMMITTEE

IN THE MATTER OF THE APPLICATION FOR :
REINSTATEMENT OF LICENSE OR FOR :
CERTIFICATION OF :

JAMES DORMAN :

ADMINISTRATIVE ACTION

**FINAL ORDER
OF DENIAL**

TO PRACTICE ALCOHOL & DRUG :
COUNSELING IN THE STATE OF :
NEW JERSEY :

The New Jersey State Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee ("Committee"),¹ on May 29, 2015, after reviewing the application of James Dorman ("Mr. Dorman" or "respondent") to reinstate a clinical alcohol and drug counselor license, entered a Provisional Order of Denial of License. (copy attached to this Final Order). The Provisional Order directed Mr. Dorman to respond in writing with any information to refute the provisional findings of fact and conclusions of law within thirty days of its entry. In the absence of a response, the Provisional Order would become final.

Mr. Dorman did not submit materials for the Committee's consideration within that time period or anytime thereafter. Although by its terms the order would, in the absence

¹ Committee member Norwood Allen was recused from participating in this matter as he had worked at an agency with which Mr. Dorman had been affiliated.

of a response, become final thirty days after its entry, review of the Committee's records reflect that a formal Final Order was not issued. As such, the Committee now enters this final order, without modification of its terms or its effective date. The Committee notes that at no time since Mr. Dorman's suspension on August 27, 2010, has he held a license as a clinical alcohol and drug counselor or a certification as an alcohol and drug counselor. Nor has Mr. Dorman filed any other application to be licensed or certified to provide alcohol and drug counseling services.

Nothing in this Final Order shall preclude Mr. Dorman from making a current application to the Committee for certification as an alcohol and drug counselor, or, if possessing the statutory and regulatory qualifications, for licensure as a clinical alcohol and drug counselor. The Committee reserves the right to review respondent's application and conduct in the intervening years to determine whether granting an application is consistent with laws and regulations governing the practice of alcohol and drug counseling and with the public health safety, and welfare.

THEREFORE, IT IS ON THIS 10th DAY OF MARCH, 2023,

ORDERED that the Provisional Order entered on May 29, 2015 (attached to this order) is adopted as final without modification of its terms or the effective date, June 30, 2015.

ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE NEW JERSEY STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS

By: 

Edward Reading, LCADC
Committee Chair

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Examiners, Alcohol and Drug Counselor Committee

FILED
29 May 2015
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE

Matthew Bellizzi

By: Nancy Costello Miller
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(973) 648-7457

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMILY THERAPY
EXAMINERS, ALCOHOL AND DRUG
COUNSELOR COMMITTEE

IN THE MATTER OF THE APPLICATION FOR:
REINSTATEMENT OF LICENSE OR FOR
CERTIFICATION OF

JAMES DORMAN

TO PRACTICE ALCOHOL & DRUG
COUNSELING IN THE STATE OF
NEW JERSEY

ADMINISTRATIVE ACTION

**PROVISIONAL ORDER
OF DENIAL**

The New Jersey State Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee ("Committee")¹, has reviewed information and makes the following preliminary findings of fact and conclusions of law:

¹ Committee member Norwood Allen was recused from participating in this matter as he had worked at an agency with which Mr. Dorman had been affiliated.

FINDINGS OF FACT

1. James Dorman ("Mr. Dorman" or "respondent") was initially licensed to practice clinical alcohol and drug counseling in this State on November 30, 2004. He was licensed under the grandfather provision of the Alcohol and Drug Counselor Licensing and Certification Act, N.J.S.A. 45:2D-1 et seq., more specifically N.J.S.A. 45:2D-16c. Respondent last renewed his license in or about July 2010. An August 2010 Consent Order suspended his license. (Certification of Milagros Collazo, Executive Director, State Board of Marriage and Family Therapy, Alcohol and Drug Counselor Committee ("Collazo Cert.") para. 2, attached as Exhibit A).

A. COMMITTEE CONSENT ORDERS

2. On April 16, 2009, the Committee and Mr. Dorman entered into a consent order. That consent order detailed numerous admissions by Mr. Dorman related to his failure to comply with regulations related to supervision of certified alcohol and drug counselors and misrepresentation of his education credentials, as well as details related to a questioned loan (Collazo Cert., attachment 1, 2009 consent order, p.2).

3. Mr. Dorman was found to have engaged in professional misconduct and misrepresentation. He was reprimanded (2009 consent order, p. 3, para. 1), ordered to cease and desist from violating Committee regulations (2009 consent order, p. 3, para. 2), assessed a civil penalty of \$1,000 (2009 consent order, p. 4, para. 6), and directed to complete a course in legal standards (2009 consent order, p. 3, para. 3) and a course in clinical supervision (2009 consent order, p. 4, para. 4). Mr. Dorman further agreed that he would cease and desist from engaging in any supervision of any certified alcohol

and drug counselors and/or interns, including in exempt settings, unless and until he passed the Certified Clinical Supervisor Examination (2009 consent order, p. 4, para. 5).

4. On August 27, 2010, the Committee and Mr. Dorman entered into a second consent order. That order was based on an action taken by the Office of the Insurance Fraud Prosecutor in December 2009, in which Mr. Dorman was found to have filed false and misleading information on claim forms that were electronically submitted to CIGNA by billing for dates of service not documented in his file and by billing for dates of service when no client was seen; he received \$18,084 related to those claims. (Collazo Cert., Attachment 2, 2010 consent order, pp1-2; Attachment 3 (OIFP Consent Order, October 13, 2009)).

5. The 2010 consent order also addressed Mr. Dorman's admissions to the Committee that he had violated the 2009 consent order in that he had supervised an intern and CADC applicant and that he had not completed the legal standards course. (Collazo Cert., 2010 consent order, p. 2).

6. Because of the entry of the 2009 OIFP Consent Order related to violations of N.J.S.A. 17:33A-1 et seq., and his admission that he had violated the 2009 order (Collazo Cert., 2010 consent order, pp.3-4), the Committee suspended Mr. Dorman's clinical alcohol and drug license for a period of two years, the first year of which was to be served as an active suspension. (2010 consent order, p. 4, para. 1). Mr. Dorman was assessed a civil penalty of \$1,000 (2010 consent order, p.5, para. 2).

7. Under the terms of the 2010 consent order, in connection with any application to reinstate, Mr. Dorman was to appear before the Committee and demonstrate

compliance with the 2010 consent order and with the OIFP consent order (Collazo Cert., 2010 consent order, p.5, para. 3). Notably, in the 2010 consent order, Mr. Dorman agreed that should he apply for reinstatement of his license as a clinical alcohol and drug counselor, he would have the burden to demonstrate that he was fit and competent to reenter the practice. The terms included: successful completion of a master's degree in an addictions or counseling related area that had been pre-approved by the Committee (2010 consent order, p.6, para. 6a), documentation demonstrating that he had fully complied with the 2009 consent order and the OIFP consent order (2010 consent order, p.6, para. 6b), and that he completed the Certified Clinical Supervisor examination (2010 consent order, p.6, para. 6c).

8. In the 2010 consent order, Mr. Dorman also agreed to notify the Committee of each place where he worked, was affiliated, including those not related to alcohol and drug counseling. Failure to provide the information would be considered a violation of the consent order. (Collazo Cert., 2010 consent order, p.7, para. 7). Finally, Mr. Dorman was to provide the committee with copies of disclosure documents signed by the clients of the intern whom he had supervised. (2010 consent order, p.7, para. 8).

COMPLIANCE WITH COMMITTEE CONSENT ORDERS

13. Respondent by letter dated September 12, 2013 requested reinstatement of his license (Collazo cert., Attachment 4). By letter dated November 12, 2013, he was told the Committee would consider his request when he demonstrated compliance with prior Committee orders (Collazo Cert., Attachment 5).

14. Respondent contacted the Committee by email in January 2014. The Committee responded by letter dated January 16, 2014, again indicating that the Committee would consider his request upon demonstration that he had complied with prior orders (Collazo Cert., Attachments 6 and 7).

15. By letter dated March 13, 2014, notwithstanding the terms of the 2010 consent order that he complete a master's degree in addictions or counseling related field, Mr. Dorman asked the Committee to reinstate his license (Collazo Cert., Attachment 8). He completed an application for reinstatement (Collazo Cert., Attachment 9 (reinstatement application- redacted)) .

16. Committee again notified respondent by letter dated April 21, 2014, that it would consider his application for a license as a clinical alcohol and drug counselor upon demonstration that he had complied with prior Committee orders (Collazo Cert., Attachment 10). Mr. Dorman, by email, indicated that he would apply for certification as a certified alcohol and drug counselor (Collazo Cert., para. 7). After review of that request, the Committee by letter dated April 29, 2014, advised that it would consider that application upon his demonstration that he was fit and competent to practice (Collazo Cert., Attachment 11). Mr. Dorman, by email, then requested an appearance before the Committee (Collazo Cert., Attachment 12).

17. Respondent appeared June 24, 2014, and gave testimony under oath (Collazo Cert., Attachment 13; transcript of appearance).

18. When asked whether he had complied with paragraph 6a of the 2010 Consent Order, respondent acknowledged that he had not completed a master's degree

and stated that he did not expect to obtain a master's degree (Collazo Cert., Attachment 13; Transcript p 26, lines 11-14).

19. When asked whether he had complied with paragraph 8 of the 2010 consent order (providing disclosure documents for clients of the person he was supervising), he admitted that he had not and stated that the business had shut down. Respondent acknowledged that he did not make an attempt to advise the Committee that he would not or could not comply with that term (Collazo Cert., Attachment 13, transcript, p. 12 line 20 -- p. 13, line 10).

20. When asked whether he had taken the course in supervision required by the 2009 consent order, Mr. Dorman admitted he had not and stated: "I did not take anything on supervision because the courses that I was -- where I was attending, the courses didn't offer that one. And I did look into it, it was one being held in Atlantic City I just didn't have the funds, When I was released from prison, I has no income or no money from paying attorney fees." (Collazo Cert. attachment 13, transcript, p. 15, lines 6-16).

21. To determine compliance with paragraph with paragraph 7 of the 2010 Consent Order, Mr. Dorman was asked to identify places where he had been employed since August 2010. He answered that he has been employed by Philadelphia Trolley Works from September 2012 to October 2013. (Collazo Cert., Attachment 13, transcript, p. 6, lines 18-24). He stated that he had begun a job at Johnson Supply in Cherry Hill the week before his appearance, and that he had collected unemployment between October 2013 and May 2014. (Collazo Cert., attachment 13, transcript, p. 6, lines 6-11).

22. He was asked whether there were any other employment or affiliations since the entry of the 2010 consent order and he replied “No, well, prison.” (That prison term was from June 1, 2012 to August 22, 2012.) (Collazo Cert., Attachment 13, transcript, p. 11, lines 20-21).

23. When asked why he had not complied with paragraph 7 of the 2010 order by providing the Committee with information about his employment, he stated: “Well, I was not working, I had no income. I was dealing with the legal issues of the insurance fraud. And my life was in a little bit of chaos at that time.” (Collazo Cert., Attachment 13, transcript, p. 12 lines 16-19).

24. When questioned by a Committee member whether he had worked with an entity called “Wounded Healer,” respondent acknowledged that he had worked there. He stated he was not doing any counseling, but had worked to get the agency credentialed with insurance companies. He claimed he left because he wasn’t being paid. He testified he worked there for “[m]aybe three months.” (Collazo Cert., Attachment 13, Transcript p. 17, line 19—p. 19, line 17.)

25. Because his answer was not consistent with his earlier testimony when he was questioned about all employment, he was asked why he had not identified the Wounded Healer. He stated that he “was thinking about more of a counseling position work.” He then acknowledged that his earlier answer included the Philadelphia Trolley Works, which was not a counseling position. (Collazo Cert., Attachment 13, transcript p. 19, lines 8-24).

26. At the request of the Committee, respondent submitted the discharge summary from Jeffrey Hanna, L.C.S.W. (Collazo Cert., Attachment 14 (redacted)).

27. Following his appearance, Mr. Dorman was sent a Demand for Statement in Writing Under Oath, and asked to provide additional information related to his relationship with the entity "Wounded Healer." (Collazo cert., Attachment 15).

28. Mr. Dorman worked at Wounded Healer from on or about October 20, 2010 to approximately February 20, 2011. Although he was engaged by Jacqueline Swift, Ph.D., the executive director of the agency operating under the name Wounded Healer, to get that agency credentialed with insurance companies, respondent filed a Trade Name Certificate under the name Wounded Healer using his home address. He did this because he thought he would not be paid (Collazo Cert., Attachment 16, #4).

29. Mr. Dorman did not have permission from the Wounded Healer agency to file a Trade Name Certificate or to receive payments from insurance companies for services rendered by that agency. (Collazo Cert., Attachment 17 (Police report filed by Jacqueline Swift, Ph.D.)).

B. CRIMINAL CHARGES AND CONVICTIONS

30. Mr. Dorman was arrested on April 23, 2010, by the Wildwood Crest Police Department, Cape May County, for one count Theft by Deception, one count Forgery, one count Forged Writing, one count Insurance Fraud, one count fictitious reports, and one count Tamper with Public Records (Collazo Cert., Attachment 18 (Flagging Report); Attachment 19 (Indictment #11-06-00353-I)). The Cape May charges were transferred to Gloucester County for disposition. He pled guilty on February 14, 2012 in Gloucester

County Superior Court to one count of Insurance Fraud in the third degree; other charges were dismissed as part of the plea agreement. A Judgment of Conviction was entered on June 1, 2012 (Collazo Cert., Attachment 20 (Plea Form); Attachment 21 (Judgment of Conviction)).

31. In pleading guilty, Mr. Dorman admitted that between April and June 2007, he fraudulently submitted a claim for reimbursement for jewelry and watches he claimed were stolen from his home. An investigation determined the items were not stolen. Respondent received payment of \$22,278 for the claims from State Farm Insurance Company. He was ordered to pay restitution of \$14,553 to State Farm. (The restitution payment to the insurance company was lower as it had recovered some of the funds.) (Collazo Cert., Attachment 22 (Office of Attorney General; Division of Criminal Justice Press Release)).

32. Mr. Dorman was arrested on April 18, 2011, by the Gloucester County Sheriff's Office for two counts of Health Care Claims Fraud and two counts of Theft by Deception (Collazo Cert., Attachment 23 (Flagging Report); Attachment 24 (Indictment # 11-02-00019-S)). He pled guilty on February 14, 2012, in Gloucester County Superior Court, to one count of Health Care Claims Fraud; other charges were dismissed as part of the plea agreement. A Judgment of Conviction was entered on June 1, 2012 (Collazo Cert., Attachment 20 (Plea Form); Attachment 25 (Judgment of Conviction)).

32. On June 1, 2012, in Gloucester County Superior Court, Mr. Dorman was sentenced on those convictions to two three year sentences and was required to pay restitution of \$14,553 to State Farm Insurance Company on Indictment #11-06-00353-I

and \$24,016 (\$22,473 to CIGNA and \$1543 to Aetna) on Indictment # 11-02-00019-S (Collazo Cert., Attachments 21 and 25).

33. On or about August 22, 2012, having served 82 days in prison, he was released into the Intensive Supervision Program. He complied with the terms of his release and satisfied the restitution and penalty obligations. He completed ISP on December 17, 2013. (Collazo Cert., Attachment 16 (Dorman response to Demand for Statement in Writing, #3); Attachment 13, transcript p. 25, line 23 –p. 26, line 2)).

DISCUSSION

After review of the entire record, including Mr. Dorman's 2012 convictions, his testimony in June 2014, in which he admitted that he had not complied with the 2010 Consent Order, and his responses to the Demand for Statement Under Oath, the Committee is not persuaded that it is in the public interest to certify or license Mr. Dorman as an alcohol and drug counselor.

Convictions

It is uncontested that respondent has been convicted of insurance fraud and health care claims fraud. These convictions alone justify denial of reinstatement of licensure or denial of certification as they are crimes of moral turpitude and/or relate adversely to an activity regulated by the Committee. N.J.S.A. 45:1-21(f). Even were the Committee to assume that some of the conduct underlying the Gloucester County indictment for 2nd degree health care claims fraud was the basis for the 2009 OIFP administrative consent order, the fact that respondent was required to pay a restitution amount to CIGNA that was higher than the amount cited in the 2009 OIFP order, and

that he was required to pay restitution to a second insurance company, demonstrates that the breadth of his fraudulent conduct exceeded that which the Committee considered when it agreed to the terms of the 2010 consent order. One of the fraud convictions relates directly to his work at a facility that provided professional services. That the second conviction was not employment related shows a pattern of conduct that permeates different areas of his life.

Moreover, Mr. Dorman has not demonstrated that he has been sufficiently rehabilitated. He is seeking a position as an alcohol and drug counselor, a position that would place him with individuals or in groups with persons who are seeking to address their issues with substance abuse and who frequently have had interactions with the criminal justice system or municipal courts. And yet, as more fully discussed below, his lack of candor, his apparent unwillingness to acknowledge his past conduct (other than with a conclusory assertion, "I have paid for my crimes," his conduct reflects a mindset that the rules do not apply to him.

The crimes for which he was convicted, insurance fraud and health care claims fraud, are indeed serious as the Legislature has provided for significant criminal, civil and administrative sanctions for those offenses. Here, the insurance fraud related to the filing of a false claim in which he fraudulently reported that jewelry had been stolen from his home; the health care claims fraud for submission of claims for therapy relates to the very discipline respondent seeks to practice. Although the criminal offenses may have occurred in 2007, Mr. Dorman was 50 years old at the time; he cannot hide behind a claim of youthful indiscretion. There is no suggestion that there were social conditions

that led him to commit these crimes. Nor was the conduct underlying his convictions an isolated incident. He deliberately submitted claims as part of a calculated scheme to enrich himself. He was caught. He was convicted. And although sentenced to two, three year terms in prison, he was released into the Intensive Supervision Program after serving only 82 days of his sentence. He was released from ISP after satisfying the restitution payments required by his sentence. Although respondent claims that he has paid for his crimes, there is no evidence that he has gained insight into his actions or that he has otherwise been rehabilitated.

Professional Misconduct and Failing to Comply with Board Orders

Respondent has demonstrated a pattern of dishonesty as evidenced by his convictions and through his misleading if not dissembling answers before the Committee. Further, by failing, repeatedly, to comply with consent orders he entered into with the Committee, he has demonstrated a lack of respect for the laws governing the profession of alcohol and drug counseling.

In his testimony in June 2014, Mr. Dorman displayed a stunning lack of candor. The 2010 Consent Order directed him to advise the Committee of his places of employment or work affiliations, whether or not counseling related. At his appearance, when asked about his work history, he omitted -- until specifically questioned by a Committee member -- his affiliation with Wounded Healer, an agency that had engaged him to get credentialed with various insurance companies. While working for Wounded Healer, he filed a Trade Certificate with the Gloucester County Clerk on February 8, 2011, under the name "The Wounded Healer" using his home address so payment for

claims for services rendered by that agency would come to him directly. Mr. Dorman provided a copy of a W-9, Request for Taxpayer Identification Number and Certification, dated February 7, 2011, under the name Wounded Healer, also listing his home address for that entity. (Collazo Cert., Attachment 16). Mr. Dorman took these actions at a time criminal charges related to insurance fraud with State Farm were pending.

Indeed, he admits that the “reason for the [Wounded Healer] claims being submitted [for payment] to 20 Nursery Court was so that I would get the money owed to me from Ms. Swift as I did not trust her or her son to pay me as evidenced by their poor financial obligations that I witnessed. I had also used this address prior for all payments received from insurance companies in the past.” (Collazo cert., Attachment 16, #5). Mr. Dorman apparently decided on his own that diversion of payments for treatment provided by other mental health professionals at an agency he did not own should be sent directly to him.

The Committee considered and rejects his self-help remedy as this is inconsistent with behavior expected of its licensees and certificate holders. There is no evidence that the agency agreed to Mr. Dorman’s actions. In fact, Jacqueline Swift, Ph.D., the executive director of Wounded Healer, filed a police report related to Mr. Dorman’s conduct (Collazo Cert., Attachment 17). (No information is available regarding disposition of the complaint). His action was yet another example of his dishonest practices.

At his appearance, Mr. Dorman was asked in if he was currently in counseling. He responded that he had gone for “four or five months” and discontinued because he

and the therapist (incorrectly identified in the transcript as Jeffrey Hamel), “both felt I was done.” (Collazo Cert., Attachment 13, transcript p. 16, lines 15-25). Respondent was then asked whether he had gone to counseling “related to any particular issue, a mental health issue, depression, posttraumatic distress [sic]?” He replied: “Well, it was related to all the turmoil I was going through. My mother passed away about three weeks after I was released from prison, so it had to do with that. And everything else I went through in my life, you know, because of this insurance fraud.” (Collazo Cert., Attachment 13, transcript p. 17, lines 7-15).

As requested by the Committee, Mr. Dorman provided a discharge summary from Jeffrey P. Hanna, LCSW (Collazo Cert., Attachment 14 (email from Dorman dated August 6, 2014, enclosing Discharge Summary from Mr. Hanna). Respondent was seen between March 7, 2103 and June 17, 2013. Notably, that Discharge Summary paints a different picture of the reason for respondent’s attendance at therapy:

Mr. Doorman [sic] is being discharged this day for completion on [sic] traditional outpatient therapy. He has met his goals of developing coping skills for anger, identifying ways to appropriately communicate with others, and taking the steps necessary to grieve the death of his mother.

He presented to treatment as a requirement for legal obligation. He was referred to seek therapy to help with issues related to a restraining order which was enacted and dismissed previous to the start of treatment. He presented AAOx3 with some noticeable depression and agitation....

(Collazo Cert., Attachment 14)

At no point in his testimony did Mr. Dorman refer to a restraining order or that he attended therapy as a legal requirement. His answers related to the Wounded Healer

and to his counseling experience cannot be explained as merely putting his best foot forward; he simply chose not to answer fully or truthfully.

Finally, respondent, although having been called before the Committee in 2010, in part for failing to comply with the 2009 consent order, nonetheless chose not to comply fully with the terms of the 2010 consent order prior to seeking reinstatement. He still has not provided, as required by both the 2009 and the 2010 orders, the forms that demonstrate the clients of the intern he supervised were advised that she was an intern. Even if the Committee were to accept that the forms are unavailable, Mr. Dorman made no effort in the intervening years to advise the Committee that he was unable to locate them. Nor did he take the clinical supervision course identified in the 2009 consent order. Again, no effort was made by Mr. Dorman to notify the Committee that he sought relief from that provision. Further, he ignored the term of the order that directed him to provide the Committee with a list of places where he was working or with whom he was affiliated. Mr. Dorman apparently believes he need only comply with those provisions he feels like complying with.

The Committee's current action in provisionally denying a license and/or certification is based on the 2012 convictions and lack of evidence of rehabilitation, as well as his continuing failure to comply with the Committee's prior consent orders and his failure, as shown by his lack of candor and truthfulness during his appearance, to demonstrate that he possesses the ethical foundation necessary to act as an alcohol and drug counselor. Unless and until he can demonstrate he has fully complied and is fit to practice, the Committee will decline to issue that credential.

CONCLUSIONS OF LAW

There are several bases on which the Committee finds that the application for reinstatement of license and/or for certification should be denied: respondent's 2012 convictions for insurance fraud in the third degree and health care claims fraud in the second degree (N.J.S.A. 45:1-21(f) (convicted of crime or offense of moral turpitude or related adversely to an activity regulated by the Committee)); his failure to comply with prior Committee orders N.J.S.A. 45:1-21(h) (failure to comply with regulation administered by the Committee, specifically N.J.A.C. 13:45C-1.4 - failure to comply with Committee orders)); a pattern of dishonesty and his failure to testify with candor before the Committee N.J.S.A. 45:1-21(b) (use or employment of dishonest, fraud, misrepresentation) and N.J.S.A. 45:1-21(e) (professional misconduct).

ACCORDINGLY, IT IS on this 29th day of May, 2015,

PROVISIONALLY ORDERED that:

1. James D. Dorman's application to be licensed as a clinical alcohol and drug counselor or, alternatively, to be certified as an alcohol and drug counselor is denied as he has been convicted of crimes of moral turpitude and/or related adversely to an activity regulated by the Committee, he has not complied with the terms of the 2009 and 2010 consent orders, he has engaged in dishonesty, misrepresentation, fraud, and professional misconduct through his actions, including the conduct underlying his convictions, his conduct with regard to the Wounded Healer, by not testifying with candor before the Committee, and he has not demonstrated that he meets acceptable standards of conduct and ethics required of licensed and certified counselors.

2. Respondent shall refrain from practicing alcohol and drug counseling and shall not represent himself as an alcohol and drug counselor unless and until such time as the Committee issues a certification. Any practice of alcohol and drug counseling during the period in which he does not hold a valid and active certification shall be deemed the unlicensed practice of alcohol and drug counseling and shall subject him to sanctions for unlicensed practice. For the purposes of this Order, practice as an alcohol and drug counselor includes, but is not limited to the following: engaging in any volunteer, compensated or uncompensated alcohol or drug counseling or any other mental health counseling or life coaching, including in exempt settings.

3. Respondent shall not apply for certification as an alcohol and drug counselor sooner than three years from the entry of the Final Order.

4. Prior to consideration of any application for certification, respondent shall:

(a) Appear before the committee thereof to discuss his readiness to reenter practice as a certified alcohol and drug counselor.

(b) Affirmatively establish his fitness, competence and capacity to actively practice.

(c) Provide the Committee with a full account of his conduct during the intervening period of time from August 2012, though and including the date of his appearance pursuant to the Final Order.

(d) Provide documentation of successful completion of all application requirements including a Criminal History Background check and payment of all

reinstatement fees, as well as a listing of continuing education course taken during his absence from practice.

(e) If respondent's certification to practice as an alcohol and drug counselor is granted, the Committee, in its discretion, may impose any conditions or restrictions it deems necessary to protect the public health, safety, and welfare, including but not limited to requiring that his practice be under a Committee-approved supervisor who will provide periodic reports to the Committee and notify the Committee immediately if Mr. Dorman engages in any acts and practices that violate the laws and regulations administered by the Committee or engages in any conduct that constitutes a violation of the civil or criminal laws of this State, the United States, or any other jurisdiction.

5. Respondent shall not seek licensure as a clinical alcohol and drug counselor unless and until he meets all current statutory and regulatory requirements for licensure as well as all requirements and conditions set forth in paragraphs 3 and 4 above.

6. This Provisional Order shall be subject to finalization by the Committee at 5:00 p.m. on the 30th day following its entry unless respondent requests a modification or dismissal of the preliminary findings of fact or conclusions of law by:

a) Submitting a written request for modification or dismissal to Executive Director Milagros Collazo, Board of Marriage and Family Therapy Examiners, P.O. Box 45007, Newark, New Jersey 07101.

b) Setting forth in writing any and all reasons why the preliminary findings of fact and conclusions of law should be modified or dismissed.

c) Submitting any and all documents or other written evidence supporting respondent's request for consideration and reasons offered in mitigation of sanction.

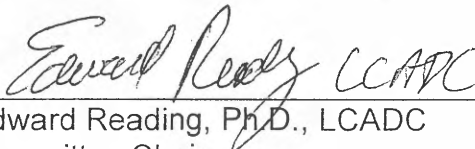
d) Statements in support of modification or dismissal must be certified to be true. All documents submitted in support must be original or be certified to be true copies and contain all four margins of the document.

7. Any submissions will be reviewed by the Committee and the Committee will determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty-day period, or if the Committee is not persuaded that the submitted materials merit further consideration, a Final Order of Discipline will be entered.

8. If the Committee determines respondent's submissions establish a need for further proceedings, including, but not limited to an evidentiary hearing, respondent will be notified. If an evidentiary hearing is ordered, the preliminary findings of fact and conclusions of law in this Provisional Order will serve as notice of the factual and legal allegations in such proceeding. Respondent shall be required to file an answer within 10 days of the notice setting a hearing. The Committee, after a hearing and upon review of the record, will not be limited to the findings, conclusions, and sanctions stated proposed in this Provisional Order.

ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE NEW JERSEY STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS

By:



Edward Reading, Ph.D., LCADC
Committee Chair

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FILED
29 May 2015
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
Milagros Collazo

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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMILY THERAPY
EXAMINERS, ALCOHOL AND DRUG
COUNSELOR COMMITTEE

IN THE MATTER OF THE APPLICATION :
FOR RESINSTANTMENT/CERTIFICATION OF :

JAMES DORMAN :

TO PRACTICE ALCOHOL & DRUG :
COUNSELING IN THE STATE OF :
NEW JERSEY :

ADMINISTRATIVE ACTION

**CERTIFICATION OF
MILAGROS COLLAZO**

I, Milagros Collazo, of full age, certify and say:

1. I am the Executive Director of the New Jersey State Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee. The Committee is responsible for the administration and enforcement of the Alcohol and Drug Counselor Licensing and Certification Act, N.J.S.A. 45:2D-1 et seq. ("Act"). I have access to and have reviewed the files of the Committee to obtain information provided in this certification.

2. The Committee issued James Dorman (“Mr. Dorman” or “respondent”) a license to practice as a clinical alcohol and drug counselor on November 30, 2004. His application was considered under the grandfather provision of the Act, N.J.S.A. 45:2D-16c. His license was suspended on August 27, 2010, and has remained suspended since that time.

3. Following the Committee’s review of information and negotiation to resolve matters in controversy, Mr. Dorman signed a consent order on April 16, 2009 (Attachment 1).

4. Following the Committee’s review of information and negotiation to resolve matters in controversy, Mr. Dorman signed a consent order on August 27, 2010 (Attachment 2).

5. The 2010 Consent Order was based in part on an October 13, 2009, Consent Order between the New Jersey Office of Insurance Fraud Prosecutor and Mr. Dorman (Attachment 3).

6. On diverse dates between September 2013 and January 2014, Mr. Dorman asked the Committee to reinstate his license. On diverse dates during that period, the Committee advised Mr. Dorman that it would consider his application for reinstatement when he demonstrated that he had complied with the terms of the 2009 and 2010 consent orders. (Attachment 4 (September 12, 2013, letter from Dorman); Attachment 5 (November 12, 2013, letter from Committee); Attachment 6 (January 2014 email from Dorman); Attachment 7 (January 16, 2014, letter from Committee)).

7. In March 2014, although he had not submitted proof that he had complied with the 2009 and 2010 consent orders, Mr. Dorman again asked the Committee to reinstate his license (Attachment 8). Mr. Dorman filed an application for reinstatement of license as a clinical alcohol and drug counselor on March 13, 2014. (Attachment 9 (first page; redacted)). The Committee notified respondent by letter dated April 21, 2014, that he must comply with prior Committee orders (Attachment 10). Mr. Dorman, in an email exchange, indicated he would pursue certification as an alcohol and drug counselor. By letter dated April 29, he was advised that he must demonstrate that he was fit and competent to practice (Attachment 11). By email, he requested an appearance to discuss his application. (Attachment 12).

8. Mr. Dorman appeared before the Committee on June 24, 2014. (Attachment 13 (transcript of appearance)).

9. Subsequent to his appearance, and as requested by the Committee, on or about August 6, 2014, Mr. Dorman submitted the discharge summary from Jeffrey Hanna, L.C.S.W. (Attachment 14 (redacted)).

10. Based on his answers during his appearance, the Committee directed that Mr. Dorman be sent a Demand for Statement in Writing Under Oath (Attachment 15).

11. Mr. Dorman responded in writing on or about October 28, 2014 (Attachment 16).

12. The Committee received information from counsel for Jacqueline Swift, Ph.D., that included a report Dr. Swift made to the Pitman Police Department on

January 21, 2011, regarding Mr. Dorman's actions related to the Wounded Healer (Attachment 17).

13. I have reviewed the materials related to Mr. Dorman's indictments, Plea Form, Judgments of Conviction dated June 1, 2012, Flagging Reports by the Criminal History Unit of the Division of Consumer Affairs, and the press release issued by the Office of the Attorney General, Division of Criminal Justice, on June 1, 2012.

14. The following statements are made based on review of those documents:

(a) Mr. Dorman was arrested on April 23, 2010, by the Wildwood Crest Police Department, Cape May County, for one count Theft by Deception, one count Forgery, one count Forged Writing, one count Insurance Fraud, one count fictitious reports, and one count Tamper with Public Records. (Attachment 18 (Flagging Report dated April 26, 2010); Attachment 19 (Indictment #11-06-00353-I).

(b) The Cape May charges were transferred to Gloucester County for disposition. He pled guilty on February 14, 2012 in Gloucester County Superior Court to one count of Insurance Fraud in the third degree; other charges were dismissed as part of the plea agreement. A Judgment of Conviction was entered on June 1, 2012 (Attachment 20 (Plea Form); Attachment 21 (Judgment of Conviction)).

(c) In pleading guilty, Mr. Dorman admitted that between April and June 2007, he fraudulently submitted a claim for reimbursement for jewelry and watches he claimed were stolen from his home. An investigation determined the items were not stolen. Respondent received payment of \$22,278 for the claims from State Farm Insurance Company. He was ordered to pay restitution of \$14,553 to State Farm (the restitution payment to the

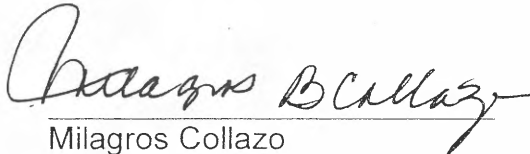
insurance company was lower as it had recovered some of the funds) (Attachment 22 (Office of Attorney General; Division of Criminal Justice Press Release)).

(d) Mr. Dorman was arrested on April 18, 2011, by the Gloucester County Sheriff's Office for two counts of Health Care Claims Fraud and two counts of Theft by Deception. (Attachment 23 (Flagging Report dated April 18, 2011); Attachment 24 (Indictment # 11-02-00019-S)).

(e) He pled guilty on February 14, 2012, in Gloucester County Superior Court, to one count of Health Care Claims Fraud; other charges were dismissed as part of the plea agreement. A Judgment of Conviction was entered on June 1, 2012 (Attachment 25).

(f). On June 1, 2012, in Gloucester County Superior Court, Mr. Dorman was sentenced on those convictions to two three year sentences and was required to pay restitution of \$14,553 to State Farm Insurance Company on Indictment #11-06-00353-2 and \$24,016 (\$22,473 to CIGNA and \$1543 to Aetna) on Indictment # 11-02-00019-5. (Attachments 21 and 25 (Judgments of Conviction)).

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.


Milagros Collazo

Date: May 29, 2015

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMILY THERAPY
EXAMINERS, ALCOHOL AND DRUG
COUNSELOR COMMITTEE

IN THE MATTER OF THE APPLICATION :
FOR RESINSTATMENT/CERTIFICATION OF :

JAMES DORMAN :

ADMINISTRATIVE ACTION :

TO PRACTICE ALCOHOL & DRUG :
COUNSELING IN THE STATE OF :
NEW JERSEY :

**CERTIFICATION OF
MILAGROS COLLAZO
LIST OF ATTACHMENTS**

1. April 16, 2009, Consent Order
2. August 27, 2010, Consent Order
3. October 13, 2009, OIFP Consent Order
4. September 12, 2013, letter from James Dorman
5. November 12, 2013, letter from Committee
6. January 2014, email from Mr. Dorman (email address redacted)
7. Letter of January 16, 2004, from Committee
8. March 2014, letter from Mr. Dorman
9. March 2014, Application for Reinstatement (first page, phone number redacted)
10. April 21, 2014, letter from Committee
11. April 29, 2014, letter from Committee
12. April 2014, email from Mr. Dorman (email address redacted)
13. June 24, 2014, transcript
14. August 2014, email from Mr. Dorman with enclosure (email address redacted)
15. October 20, 2014, Demand for Statement in Writing Under Oath(email address redacted)
16. October 28, 2014, Mr. Dorman's response to Demand (email address redacted)
17. February 21, 2011, Pittman Police Report filed by Jacqueline Swift, Ph.D. (phone number redacted)
18. April 26, 2010 Flagging Report (Wildwood Crest Police) (DOB, SSN redacted)
19. June 7, 2011, Indictment #11-06-00353-I
20. February 14, 2012, Plea Form
21. June 1, 2012, Judgment of Conviction - 11-06-00353-I
22. June 1, 2012, Division of Criminal Justice press release
23. April 18, 2011, Flagging Report (Gloucester County Sheriff's Office)(DOB, SSN redacted)
24. March 2, 2011, Indictment # 11-02-00019
25. June 1, 2012, Judgment of Conviction - 11-02-00019

ATTACHMENT 1

ANNE MILGRAM
ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Alcohol and Drug
Counselor Committee of the New Jersey
State Board of Marriage and Family
Therapy Examiners

By: Susan C. Berger
Deputy Attorney General
Tel. (973) 648-4876

FILED

April 16, 2009
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE

Ernest J. DeRosa

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE STATE BOARD OF MARRIAGE AND
FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE	:	
SUSPENSION OR REVOCATION OF	:	Administrative Action
THE LICENSE OF	:	
	:	
JAMES D. DORMAN, LCADC	:	CONSENT ORDER
License No. 37LC00073500	:	
	:	
TO PRACTICE CLINICAL	:	
ALCOHOL AND DRUG COUNSELING	:	
IN THE STATE OF NEW JERSEY	:	

This matter was opened before the Alcohol and Drug Counselor Committee of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Committee") upon review of allegations that respondent engaged in professional misconduct by failing to provide appropriate clinical supervision to counselors he supervised, borrowing money from a client and misrepresenting his credentials.

Respondent appeared before the Committee, pro se, on February 26, 2009 to discuss the allegations. Mr. Dorman admitted that he did

not have written agreements with supervisees, failed to obtain written disclosure that clients were informed that services were provided by certified alcohol and drug counselors under his supervision, failed to provide the required 50 hours of supervision per year with each supervisee and permitted certified alcohol and drug counselors to practice beyond the scope of their certification by allowing them to diagnose substance-related disorders. Respondent also admitted that he borrowed \$30,000.00 but denied that the lender, who he identified as his girlfriend at the time, was ever a client. Respondent admitted that he previously misrepresented his credentials on his resume, by stating that he had a Masters Degree, despite his lack of a B.A., B.S. or any advanced degree. Respondent testified that he has corrected his resume and submitted a revised resume to the Committee.

The Committee has reviewed respondent's experience in the field of alcohol and drug counseling, the documents submitted and his testimony before the Committee. The Committee has also considered respondent's acknowledgment of his errors. The Committee finds that the above described conduct constituted professional misconduct, in violation of N.J.S.A. 45:1-21(e), by failing to have a written agreement with supervisees, in violation of N.J.A.C. 13:34-6.3(b), by failing to obtain a written disclosure that clients were informed that counseling services were provided by certified alcohol and drug counselors under his supervision, in violation of N.J.A.C. 13:34-6.3(c), by failing to engage in fifty (50) hours of supervision per year, in violation of N.J.A.C. 13:34-6.3(k), and by permitting certified alcohol and drug counselors to practice beyond the scope of their certification under his supervision, allowing them to diagnose addiction-related disorders, in violation of N.J.A.C. 13:34-

3.1 and misrepresentation of his credentials on his resume, in violation of N.J.S.A. 45:21(b). The Committee finding that the following disposition of this matter is adequately protective of the public, and other good cause appearing;

IT IS THEREFORE ON THIS 16th DAY OF April, 2009

ORDERED:

1. Respondent is reprimanded for engaging in professional misconduct, in violation of N.J.S.A. 45:1-21(e), for failing to provide written agreements with supervisees, in violation of N.J.A.C. 13:34-6.3(b), for failing to obtain written disclosures that the clients were informed that counseling services were provided by certified alcohol and drug counselors under his supervision, in violation of N.J.A.C. 13:34-6.3(c), for failing to engage in 50 hours of supervision per year with the alcohol and drug counselors he supervised, in violation of N.J.A.C. 13:34-6.3(k), and for permitting certified alcohol and drug counselors to practice beyond the scope of their certification under his supervision, for allowing them to diagnose substance-related disorders, in violation of N.J.A.C. 13:34-3.1 and for misrepresenting his credentials on his resume, in violation of N.J.S.A. 45:1-21(b).

2. Respondent shall cease and desist the violations described in paragraph one above.

3. Respondent shall submit written documentation, on or before July 31, 2010 that he successfully and fully completed in person (not a distance learning and/or internet program) the six hour mandatory course in legal standards related to the practice of alcohol and drug counseling in the State of New Jersey, N.J.A.C. 13:34-5.2(d). The documentation must establish that respondent completed the course

subsequent to the filing of the within Consent Order and prior to July 31, 2010.

4. Respondent shall submit written documentation on or before July 31, 2010 that he successfully completed and fully attended a course in person (not a distance learning and/or internet program) in clinical supervision, pre-approved by the Committee.

5. Respondent shall cease and desist engaging in any supervision of any certified alcohol and drug counselors and/or interns, including exempt settings, unless and until respondent submits documentation to the Committee that he successfully passed the Certified Clinical Supervisor Examination, as provided by the Addiction Professional's Certification Board of New Jersey.

6. Respondent shall pay civil penalties in the amount of one thousand dollars (\$1,000.00). Payment shall be by certified check or money order, payable to the Treasurer, State of New Jersey and submitted to Elaine DeMars, Executive Director, Alcohol and Drug Counselor Committee, P.O. Box 45044, Newark, New Jersey 07101.

7. Failure to remit payment as required by this Order will result in the filing of a Certificate of Debt and such other proceedings as are permitted by law.

8. Respondent shall comply with all statutes and regulations,

as well as professional standards of conduct and obligations of licensed alcohol and drug counselors.

ALCOHOL AND DRUG COUNSELOR COMMITTEE OF THE
NEW JERSEY STATE BOARD OF MARRIAGE AND
FAMILY THERAPY EXAMINERS


Edward Reading, LCADC
Committee Chair

I have read the above order and I understand and agree to abide by its terms. Consent is hereby given to the Alcohol and Drug Counselor Committee of the State Board of Marriage and Family Therapy Examiners to enter this Order.


James D. Dorman, LCADC

ATTACHMENT 2

PAULA T. DOW
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Alcohol and Drug
Counselor Committee of the New Jersey
State Board of Marriage and Family
Therapy Examiners

FILED

August 27, 2010
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
Emin T. Khan

By: Susan C. Berger
Deputy Attorney General
Tel. No. (973) 648-4876

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
OF THE STATE BOARD OF MARRIAGE AND
FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE	:	
SUSPENSION OR REVOCATION OF	:	Administrative Action
THE LICENSE OF	:	
	:	
JAMES DORMAN, LCDAC	:	
LICENSE No. 37LC00073500	:	CONSENT ORDER
	:	
TO PRACTICE CLINICAL ALCOHOL	:	
AND DRUG COUNSELING IN THE	:	
STATE OF NEW JERSEY	:	
	:	

This matter was opened before the Alcohol and Drug Counselor Committee (hereinafter "the Committee") of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Board") upon review of a Consent Order from the Office of the Insurance Fraud Prosecutor, dated December 16, 2009. The Consent Order stated that James Dorman, LCDAC, admitted that he filed false and misleading information on claim forms that were electronically

submitted to CIGNA Insurance by billing for dates of service that he did not document in his file, and for dates of service when no client was seen. Respondent received a total of \$18,084.00 for services that he did not render. The Committee also sought to discuss respondent's compliance with a Consent Order, filed by the Committee on April 16, 2009 which precluded him from supervising any certified alcohol and drug counselors and/or interns until he submitted documentation to the Committee that he successfully passed the Certified Clinical Supervisor Examination, as provided by the Addiction Professional's Certification Board of New Jersey. Respondent was also required to successfully and fully complete the six hour mandatory course in legal standards related to the practice of alcohol and drug counseling in the State of New Jersey, N.J.A.C. 13:34-5.2(d).

Respondent appeared before the Committee, pro se, on May 17, 2010 and testified that he currently works with a county IDRC (Intoxicated Driver Resource Center) and that he is the owner of a private practice, Aurora Counseling Services. Aurora Counseling Services is not licensed by the Division of Addiction Services. Respondent admitted that he is presently supervising Loretta Falciani, an intern and CADC applicant, despite his failure to take or successfully pass the Certified Clinical Supervisor Examination. He testified that Ms. Falciani's clients are aware that she is supervised by the respondent and signed disclosure documents. Respondent testified that he was not present when Ms. Falciani

facilitated group counseling sessions, but he made assessments and determined the level of care for at least eight clients she saw under his supervision. Respondent acknowledged that his continuing supervision of an alcohol and drug counselor intern was in violation of the Consent Order, filed on April 16, 2009. Respondent maintained that he signed the Consent Order without reading or fully understanding it, and stated he would examine the Consent Order thoroughly after completing his testimony. Respondent also admitted that he has not successfully and fully completed the six hour mandatory course in legal standards related to the practice of alcohol and drug counseling in the State of New Jersey, pursuant to N.J.A.C. 13:34-5.2(d).

Respondent further testified that he entered into a Consent Order with the Office of the Insurance Fraud Prosecutor, dated December 16, 2009. Respondent admitted that he received eighteen thousand and eighty-four dollars (\$18,084.00) between 2005 and 2006 for alcohol and drug counselor services which he did not provide. Respondent admitted that he filed erroneous claims and made errors in the dates of service. Respondent testified that he has not received insurance reimbursements since 2006. Respondent admitted that he had not yet paid the civil penalty of twenty-five thousand dollars (\$25,000.00).

Having reviewed the entire record, the Committee finds that respondent has not complied with the Committee Consent Order of April 16, 2009 by continuing to provide clinical supervision to an

alcohol and drug counselor intern without having completed the Certified Clinical Supervisor Examination. Respondent also admitted to engaging in health care insurance fraud, in violation of N.J.S.A. 45:1-21(k).

It appearing that the respondent desires to resolve this matter without further proceedings, and the Committee finding this Consent Order to be adequately protective of the public interest, and other good cause appearing;

IT IS THEREFORE ON THIS 27th DAY OF August, 2010

ORDERED:

1. Respondent's license to practice clinical alcohol and drug counseling in the State of New Jersey shall be suspended for a period of two years effective upon entry of the within Consent Order. Respondent shall immediately cease and desist the practice of alcohol and drug counseling. The first year of the suspension shall be active and the respondent shall cease and desist from engaging in any practice of alcohol and drug counseling, mental health counseling and/or life coaching, including any exempt settings. The remainder of the period of suspension may be stayed and served as a period of probation. Credit towards the period of active suspension shall not be granted for any time period during which respondent engages in alcohol and drug counseling, mental health counseling and/or life coaching in the State of New Jersey or any other jurisdiction or state, whether or not such counseling is provided in an exempt setting.

2. Respondent shall pay a civil penalty in the amount of one thousand dollars (\$1,000.00). Payment shall be made by certified check or money order, payable to the "State of New Jersey" and sent to Elaine DeMars, Executive Director of the Alcohol and Drug Counselor Committee, P.O. Box 45044, Newark, New Jersey 07101.

3. Prior to return to any practice of alcohol and drug counseling respondent shall submit a new application to the Committee seeking reinstatement. If so requested by the Committee, respondent shall appear before the Committee where the burden shall be upon respondent to demonstrate that he is fit and competent to practice to the Committee's satisfaction and to demonstrate full compliance with the terms of the within Consent Order and the Consent Order with the Office of the Insurance Fraud Prosecutor.

4. During the period of stayed suspension respondent shall not practice as a clinical alcohol and drug counselor; however, respondent may practice as a certified alcohol and drug counselor and may only practice as an employee under the supervision of a supervisor pre-approved by the Committee.

5. The supervisor pre-approved by the Committee must be credentialed as a certified clinical supervisor (CCS), and must have no prior relationship with the respondent. The supervisor and the employer shall sign a copy of this Consent Order agreeing to the supervisory conditions which shall be submitted to the Committee prior to respondent commencing employment as a certified alcohol and drug counselor. In the event the supervisor ceases supervising

respondent, respondent shall cease and desist engaging in alcohol and drug counseling unless and until a new supervisor is approved by the Committee and submits a signed copy of the Consent Order (signed by both the supervisor and the employer) agreeing to the supervisory conditions. Respondent shall immediately (within 24 hours) notify the Committee in writing of any change in supervision and/or employment.

6. Upon any application for reinstatement of his clinical alcohol and drug counselor license, the burden shall be upon respondent to demonstrate that he is fit and competent to re-enter the practice of clinical alcohol and drug counseling and respondent shall submit:

a. Written documentation of his successful completion of a master's degree in counseling or in an addictions or counseling related area and a certified copy of the transcript from the graduate program to the Committee. Respondent shall obtain the master's degree in counseling or in an addictions or counseling related area at an accredited institution of higher education, pursuant to N.J.A.C. 13:34C-1.2(a), pre-approved by the Committee. The master's program shall include a minimum of 18 graduate semester hours in counseling, pursuant to N.J.A.C. 13:34C-2.2(b).

b. Documentation demonstrating that respondent has fully complied with the prior Consent Order dated April 16, 2009, the current Order contained herein, and the Consent Order issued by the Office of the Insurance Fraud Prosecutor.

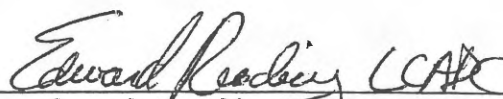
c. Documentation demonstrating that respondent has successfully completed the Certified Clinical Supervision Examination provided by the Addiction Professional's Certification Board of New Jersey.

7. During the entire period of suspension respondent shall notify the Committee of each of his working affiliations and/or places of employment, including the location, place, and name of his employer(s) as well as respondent's responsibilities and/or titles, including non alcohol and drug counseling working affiliations and places of employment. Failure to provide the Committee with updated information regarding working affiliations and employment may be considered a violation of this Order.

8. Contemporaneous with the signing of this Order, respondent shall provide the Committee with copies of each disclosure document signed by clients of Loretta Falciani indicating that the client was aware of and consented to Ms. Falciani's supervision under the respondent.

9. Failure to remit payment as required by this Order will result in the filing of a Certificate of Debt and such other proceedings as are permitted by law.

ALCOHOL AND DRUG COUNSELOR COMMITTEE OF
THE NEW JERSEY STATE BOARD OF MARRIAGE AND
FAMILY THERAPY EXAMINERS



Edward Reading, LCADC
Committee Chair

I have read the above Order and I understand and agree to abide by its terms. Consent is hereby given to the Alcohol and Drug Counselor Committee of the State Board of Marriage and Family Therapy Examiners to enter this Order.

James D. Dorman 8/17/2010
James D. Dorman, LCADC

EMPLOYER

I have read the within Order.

(Print name and title of signator)
Name of Employer
20__

License #
Dated: _____,

Address:
Telephone #
(including area code and extension number)

SUPERVISOR

I have read the within Order. I agree to the supervision and reporting requirements in this Order.

Print Name of Supervisor
Address:
Telephone Number

Dated: _____, 20__

License No.

ATTACHMENT 3

09C-088S

State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
OFFICE OF THE INSURANCE FRAUD PROSECUTOR



CONSENT ORDER NO. 06-21499-24

In the Matter of)
James Dorman) CONSENT ORDER
20 Nursery Court)
Glassboro, New Jersey 08028)
Respondent.)

This matter having been opened to the Office of the Insurance Fraud Prosecutor of the State of New Jersey, upon information indicating that Respondent, James Dorman, currently residing at 20 Nursery Court, Glassboro, New Jersey 08028, and having a date of birth of November 11, 1956, may have violated the provisions of *N.J.S.A. 17:33A-4*; and

WHEREAS, Respondent, James Dorman, did file false and misleading information on claim forms that were electronically submitted to CIGNA Insurance by billing for dates of service that he did not document in his file, and for dates of service where no patient was seen. Respondent received a total of \$18,084.00 for services that he did not render; and

WHEREAS, the above conduct constitutes a violation of *N.J.S.A. 17:33A-1, et seq.*, and any future violation of *N.J.S.A. 17:33A-1, et seq.* shall be considered to be a second offense; and

WHEREAS, Respondent, James Dorman, has been informed that he has a right to have this claim adjudicated in Superior Court in accordance with *N.J.S.A. 17:33A-5*, on the violation alleged herein before a civil administrative penalty is imposed; and should he be found to have violated the Fraud Act, the court shall also award court costs and reasonable attorney fees to the State; and

WHEREAS, Respondent, James Dorman, understands these rights and has voluntarily waived the right to notice and to a formal legal proceeding in this matter; and

WHEREAS, Respondent, James Dorman, consents to pay a civil administrative penalty in the amount of \$25,000.00, due immediately by certified check, bank check or money order made payable to the "Commissioner, Department of Banking and Insurance." This signed order and the payment of

the civil administrative penalty shall be returned to Assistant Attorney General Louise Lester at P.O. Box 094, Trenton, New Jersey 08625; and

WHEREAS, the penalties of this Consent Order are imposed pursuant to the police powers of the State of New Jersey for the enforcement of the law and the protection of the public health, safety and welfare, and are not intended to constitute debts which may be limited or discharged in a bankruptcy proceeding; and

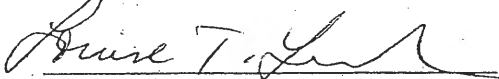
IT FURTHER APPEARING that the matter is suitable for resolution upon the consent of the parties and that Respondent and the Insurance Fraud Prosecutor desire to terminate this matter without further hearing or litigation, and for further good cause appearing;

NOW, THEREFORE, IT IS ON THIS 16th day of December, 2009,

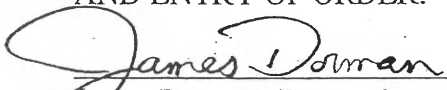
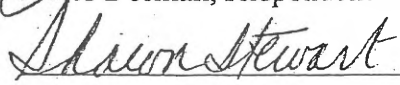
ORDERED AND AGREED as follows:

1. A civil administrative penalty of \$25,000.00 is imposed on Respondent, James Dorman.
2. Respondent, James Dorman, consents to the entry of this final administrative order. Respondent understands that this final administrative order may be docketed with the Clerk of the Superior Court as provided in the Penalty Enforcement Law (*N.J.S.A. 2A:58-10 et seq.*).
3. This Consent Order may be used against Respondent in any civil or administrative proceeding related to a violation of *N.J.S.A. 17:33A-1 et seq.*, including a license suspension or revocation proceeding.
4. Pursuant to *N.J.S.A. 17:33A-10(c)*, a copy of this Consent Order shall be provided to the appropriate licensing authority.

RIZA DAGLI
ACTING INSURANCE FRAUD PROSECUTOR

By: 
Louise Lester, Assistant Attorney General
Office of the Insurance Fraud Prosecutor

CONSENTED TO AS TO FORM, CONTENT
AND ENTRY OF ORDER:


James Dorman, Respondent

Witness: Shawn Stewart, Investigator

Dated: 10/13/09

Dated: 10/13/09

ATTACHMENT 4

September 12, 2013

To: Alexis Goldberger, DAG
Division of Law
124 Halsey Street
P. O. Box 45029
Newark, NJ 45029

From: James D. Dorman
13 Brandywine Dr.
Berlin, NJ 08009
License No. 37LC00073500

Dear Ms. Goldberger/NJ State Alcohol and Drug Counselor
Committee:

My name is James Doug Dorman and I have been in the A/D field since 1985. I received my certification in the State of Texas in 1989. I moved back to New Jersey in 1991 and at that time I had my certification transferred. In 2004 I was grandfathered to a LCADC. I worked at numerous agencies in Southern New Jersey and had a good reputation within the community and with my clients. I had a very good reputation with Gloucester County, Camden County and Burlington County IDRC programs throughout the time that I was contracted with them to provide DWI services. I also worked with the Cop to Cop counseling program where I had successful results and was also involved with Cigna's trauma response team for 911. I worked in NY City for three months counseling numerous individuals and their families. I believe that I have demonstrated and practiced good counseling skills and ethical standards.

In 1998 I opened my private practice in Moorestown NJ. I had a good relationship with the community agencies, MCC insurance, Cigna insurance, Aetna insurance and EAP contractors.

Unfortunately, in 2005 I made a very poor choice to bill Cigna and Aetna insurance companies for services that I did not provide. I received approximately twenty five thousand dollars between the two companies. In early 2006 I was charged with a civil action from the State of New Jersey for the indiscretion stated above and was dropped from the insurance companies. I still had my practice and continued to provide fee for service counseling up to 2010 when my license was suspended by the board. In 2010 my civil case became a criminal case and I was being investigated by the Insurance Fraud office of the Attorney Generals Office. In 2011 I admitted to the charges of insurance fraud and was

charged for the crime of Healthcare Insurance Fraud and Insurance Fraud. On June 1st of 2012 I was officially charged by the court of law in Woodbury NJ (Gloucester Co.) to two 3 year sentences, served concurrently, for the crimes that I have committed. I was removed from the court and placed in the hands of the NJDOC. I spent 82 days in confinement and was released on August 22, 2012 to the Intensive Supervision Program (ISP). I have followed all the rules of ISP and I have not had any infractions while on this very strict program. I have paid my restitution to the insurance companies, all my fines in full and I have completed all the programs required by ISP successfully. While on ISP I helped two participants gain employment and I have been asked by my ISP officer to be a mentor to participants that are on the program in order to help them achieve success.

The purpose for this letter is to respectfully request that the board review and consider returning to me my LCADC. I have worked very hard throughout my career to achieve success in the counseling field. I have paid my dues for the crimes that I have committed by serving time in prison, performing community service, paying restitution and by having to deal with the loss of respect from family, friends and peers. The financial ruin that I have endured does not even compare to the shame and guilt that I have had to work through because of my poor choices and actions. I have admitted my guilt and have taken full responsibility for my actions. Due to my physical health it has been very difficult for me to find employment. My career choice has always been to help people, teaching them to help themselves to achieve success in life. As clinicians we help our clients to achieve a second chance in life and I am asking the same. Counseling individuals and families is my passion. The NJDOC has offered me a second chance by placing me on ISP and now I am asking the Board to allow me to have a second chance in the field that I love.

I believe it is important to note that if I am given the opportunity to regain my license my plan is to work for an agency and not go into private practice.

Thank you in advance for your consideration.

Sincerely,

James D. Dorman
13 Brandywine, Dr.
Berlin, NJ 08009
Cell # 856-981-3291

ATTACHMENT 5



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

Mailing Address:
P.O. Box 45040
Newark, NJ 07101
(973) 504-6582

November 12, 2013

Mr. James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Dear Mr. Dorman:

The Alcohol and Drug Counselor Committee (“the Committee”) at their October 25, 2013 meeting, reviewed your letter dated September 12, 2013 requesting reinstatement of your license to practice as a licensed clinical alcohol and drug counselor.

The Committee has determined that if you wish to reinstate you will to provide documentation that you have met the requirements set forth in the August 27, 2010 consent order and the conditions and terms of the April 16, 2009 consent order. Upon receipt of your documentation the Committee will review your request.

If you have questions regarding above, please do not hesitate to contact us in writing or at the above phone number.

New Jersey State Board of
Marriage and Family Therapy Examiners
ALCOHOL AND DRUG COUNSELOR COMMITTEE

Milagros B. Collazo
Executive Director

cc: Nancy Costello-Miller, DAG

ATTACHMENT 6

Reply

Reply To All

Forward

Send To Me

View Images

Print



Email

From: Collazo, Milagros
To: jdougdorman [REDACTED]
Subject: Re: Fwd: LCADC

Sent: 1/23/2014 9:49:08 AM



Attachments may contain viruses that are harmful to your computer. Attachments may not display correctly.

Reply to Dorman.pdf (328Kb)

Message

Hello Mr. Dorman,

I sent you the Committee's decision via regular mail, but am attaching a copy of the letter with this message.

Milagros B. Collazo, MPA
Executive Director
Division of Consumer Affairs
Board of Marriage and Family Therapy Examiners
124 Halsey Street
Newark, NJ 07102
Tel: 973-504-6415
Fax: 973-648-3536
<http://www.njconsumeraffairs.gov/mft/>

>>> <jdougdorman [REDACTED] 1/23/2014 9:45 AM >>>

Hello Ms. Collazo, I sent the email below one week ago and I never received a response. I need to find work and this will help me very much because being on unemployment is not paying my bills.

Thanks

James D. Dorman

-----Original Message-----

From: jdougdorman [REDACTED]
Date: Jan 16, 2014 9:55:38 AM
Subject: LCADC
To: CollazoM@dca.lps.state.nj.us

Good morning Ms. Collazo, I hope that you enjoyed your holidays. I am wondering if you and the DAG have reviewed my case and if so what is the outcome? Me getting my LCADC back is very important to me and very helpful with me finding employment. You know how I feel about this and I will not bore you with the same pleas that I have expressed in the past. However I am not getting any younger and the sooner something happens the better. So can you please let me know something ASAP.

Respectfully,

James D. Dorman





CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

January 16, 2014

Mailing Address:
P.O. Box 45040
Newark, NJ 07101
(973) 504-6582

Mr. James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Dear Mr. Dorman;

In response to your email to me earlier today, January 16, 2014:

By letter dated September 12, 2013, you asked the Alcohol and Drug Counselor Committee to reinstate your license as a clinical alcohol and drug counselor. The Committee reviewed your letter at its October 23, 2013, meeting and determined that before it would consider your request, you must provide documentation that you have satisfied the requirements of the Consent Orders you entered into with the Committee in April 2009 and in August 2010 (copies attached).

The Committee's decision, contained in its November 12, 2013 letter, was sent to you by regular mail and by email. A copy of that letter is attached. If you need clarification of any of the terms of the orders, please let me know. Once you submit proof that you have met the requirements for you to reapply for your license, your request will again be placed before the Committee for its consideration.

Sincerely,

Alcohol and Drug Counselor Committee
Milagros B. Collazo
Executive Director

ATTACHMENT 7



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

Mailing Address:
P.O. Box 45040
Newark, NJ 07101
(973) 504-6582

January 16, 2014

Mr. James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Dear Mr. Dorman;

In response to your email to me earlier today, January 16, 2014:

By letter dated September 12, 2013, you asked the Alcohol and Drug Counselor Committee to reinstate your license as a clinical alcohol and drug counselor. The Committee reviewed your letter at its October 23, 2013, meeting and determined that before it would consider your request, you must provide documentation that you have satisfied the requirements of the Consent Orders you entered into with the Committee in April 2009 and in August 2010 (copies attached).

The Committee's decision, contained in its November 12, 2013 letter, was sent to you by regular mail and by email. A copy of that letter is attached. If you need clarification of any of the terms of the orders, please let me know. Once you submit proof that you have met the requirements for you to reapply for your license, your request will again be placed before the Committee for its consideration.

Sincerely,

Alcohol and Drug Counselor Committee
Milagros B. Collazo
Executive Director

ATTACHMENT 8

ATTACHMENT 8

March 13, 2014

To: State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
ATT: Milagros B. Collazo, Executive Director
124 Halsey Street
Newark, NJ 07102

NEW JERSEY
STATE BOARD OF MARITAL AND FAMILY THERAPY EXAMINERS
124 HALSEY STREET
NEWARK, NJ 07102
MAR 18 A 11:51

From: James D. Dorman
13 Brandywine Dr.
Berlin, NJ 08009
856-981-3291
License No. 37LC00073500

Dear Alcohol and Drug Counselor Committee:

My name is James Doug Dorman and I have been in the A/D field since 1985. I received my certification in the State of Texas in 1989. I moved back to New Jersey in 1991 and at that time I had my certification transferred. In 2004 I was grandfathered to a LCADC. I worked at and with numerous agencies in Southern New Jersey and had a good reputation within the community and with my clients. I had a very good reputation with Gloucester County, Camden County and Burlington County IDRC programs during the time that I was contracted with them to provide IDRC services. I have also worked with the Cop to Cop counseling program where I had successful results. I was also involved with Cigna's trauma response team for 911 where I counseled numerous individuals and families.

In 1998 I opened my private practice in Moorestown NJ. I had a good relationship with the community agencies, MCC insurance, Cigna insurance, Aetna insurance and EAP contractors. Then in 2005 I made a very poor choice to bill Cigna and Aetna insurance companies for services that I did not provide. I received approximately twenty five thousand dollars between the two companies. Then in early 2006 I was charged with a civil action from the State of New Jersey and was dropped from the insurance companies. I still had my practice and continued to provide fee for service counseling up to 2010 when my licenses were suspended by the board. In 2010 my civil case became a criminal case and I was being investigated by the Insurance Fraud office of the Attorney Generals Office. In 2011 I admitted to the charges of insurance fraud and was charged for the crime of Healthcare Insurance Fraud and Insurance Fraud. On June 1st of 2012 I was officially charged by the court of law in Woodbury NJ (Gloucester Co.) to serve two 3

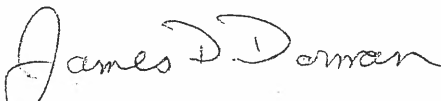
removed from the court and placed in the hands of the NJDOC. I spent 82 days in confinement and was released on August 22, 2012 to a state program called Intensive Supervision Program (ISP). I have followed all the rules of ISP and I have not had any infractions while on the program. I was released from ISP on December 17, 2013. I have paid my restitution to the insurance companies, all my fines in full and I have completed all the programs required by ISP successfully. Also while on ISP I helped participants gain employment and I have been asked by my ISP officer to be a mentor to participants that are on the program in order to help them achieve success.

The meaning for this letter is that I am requesting that the board review and consider returning me my LCADC. I have worked very hard throughout my career to achieve success in the counseling field. I have paid my dues for the crimes that I committed by serving time in prison, community service, restitution and by the loss of respect from family, friends and my peers. The financial ruin that I have endured does not even compare to the shame and guilt that I had to work through because of my poor choices and actions. I have admitted my guilt and I have taking full responsibility for my actions. Due to my physical health it has been very difficult for me to find employment. My career choice has always been to help people help themselves and achieve success in life. Counseling individuals and families is my passion in life.

I believe that I should not have to meet the requirements of the Consent Orders dated April of 2009 and August 2010 due to the fact that I have paid my penalties numerous times for the crime that I committed. I also believe that the terms of the consent order that were made by the former DAG were too harsh because of her personal dislike for me, not obtainable and available at the time. Again I am asking the Committee to waive the consent orders and reinstate me my LCADC/CADC. I am also asking the Committee to waive all fees due to the fact that I have no income because I cannot find employment. I would like to meet with the committee in person to defend my case and request for reinstatement as soon as possible.

As clinician's we help our clients to have a second chance in life and I am asking the same from the Committee by granting me my LCADC/CADC.

Sincerely,


James D. Dorman

ATTACHMENT 9

Attach two, full-face passport-style photographs (2" x 2") of your head and shoulders, taken within the past six months.

Two photographs are required with each application.

Do not use staples to attach the photographs.



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Board of Marriage and Family Therapy Examiners
 Alcohol and Drug Counselor Committee
 124 Halsey Street, 6th Floor, P.O. Box 45040
 Newark, New Jersey 07101
 (973) 504-6582

Please check if you are applying for:

Written Examination
 Oral Examination
 Written and Oral Examinations

_____ Date exam passed

Certified Alcohol and Drug Counselor (C.A.D.C.)
 Licensed Clinical Alcohol and Drug Counselor (L.C.A.D.C.)

Application for Licensure as a Clinical Alcohol and Drug Counselor or Certification as an Alcohol and Drug Counselor

Date: 3/13/14

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address; business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code. Your "address of record" is the address that will be made available to the public on the Online Licensee Directory.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name Mr. Mrs. Ms. DORMAN JAMES Douglas _____
Last name First name Middle initial Maiden name

2. Address Home: 13 BRANDYWINE Dr Berlin NI 08009 CAMDEN
Street or P.O. Box City State ZIP code County

Telephone number (include area code) jdoug.dorman@verizon
E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

ATTACHMENT 10



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102

April 21, 2014



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

Mailing Address:
P.O. Box 45040
Newark, NJ 07101
(973) 504-6582

Mr. James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Dear Mr. Dorman:

The Alcohol and Drug Counselor Committee at their March 28, 2014 meeting, reviewed your March 13, 2014 letter and application for reinstatement as a clinical alcohol and drug counselor. The Committee reviewed your request and determined that before it would consider your request, you must provide documentation that you have satisfied the requirements of the Consent Orders you entered into with the Committee in April 2009 and in August 2010.

The Consent Order dated April 16, 2009, you are required to provide the following:

- confirmation of completion of a 6 hour course in legal standards - to be completed by July 31, 2010
- documentation of completion of an in-person course on clinical supervision - course to have been pre- approved by the Committee.

The Consent Order dated August 27, 2010, provided:

- to allow you to practice as a certified alcohol and drug counselor under supervision, with the supervisor to be pre- approved and hold a certified clinical supervisor credential. Order to have been signed by the supervisor and you.
- #6 in the order, requires for you to demonstrate that you are fit and competent to resume practice
- #6a. Written documentation of "successful completion of a master's degree in counseling or in an addictions or counseling related area"

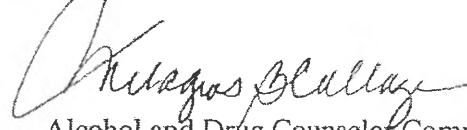
All applicants for licensure as a Licensed Certified Alcohol and Drug Counselors must meet the standard pursuant to N.J.A.C. 13:34C-2.2 b)

An applicant shall furnish evidence that the applicant has:

- 1) Received a master's degree in counseling from an accredited institution of higher education, as defined in N.J.A.C. 13:34C-1.2, or received a master's degree in an addictions or counseling related area which shall include a minimum of 18 graduate semester hours in counseling from an accredited institution of higher education. The required 18 graduate semester hours for the master's degree in an addictions or counseling related area may include pre and post master's graduate semester hours...

The Committee did determine to consider your application as a certified alcohol and drug counselor, should you request consideration for this credential.

Sincerely,

A handwritten signature in cursive script, appearing to read "Milagros B. Collazo".

Alcohol and Drug Counselor Committee
Milagros B. Collazo
Executive Director

cc: Nancy Costello Miller, Deputy Attorney General

ATTACHMENT 11



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102

April 29, 2014



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45040
Newark, NJ 07101
(973) 504-6582

Mr. James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Dear Mr. Dorman:

The Alcohol and Drug Counselor Committee has reviewed your request for application as a Certified Alcohol and Drug Counselor (CADC) at their April 24, 2014. The Committee reviewed your request and determined that you must provide documentation that you have satisfied the requirements of the Consent Orders you entered into with the Committee in August 2010.

The Consent Order dated August 27, 2010:

1. Item #3 - Demonstrate that you are fit and competent to resume practice
2. Item #5 - In order to allow you to practice as a certified alcohol and drug counselor under supervision; the supervisor must be pre- approved by the Committee and hold a certified clinical supervisor credential.

Upon receipt of the above your application will be reviewed in its entirety by the Committee. If you have any questions concerning the above, you can contact the Committee at the address listed above.

Sincerely,

Alcohol and Drug Counselor Committee
Milagros B. Collazo
Executive Director

ATTACHMENT 12

Milagros Collazo - Re: Re: Re: app

From: jdougdorman <jdougdorman@[REDACTED]>
To: Milagros Collazo <CollazoM@dca.lps.state.nj.us>
Date: 4/29/2014 3:33 PM
Subject: Re: Re: Re: app

First of all how do I prove that I am fit to practice and secondly I need to get a job before I can find someone to supervise me.
And in order for me to get a job, at least a decent job I need to say that I am a cadc. I am requesting to meet with the committee asap.

Sincerely,
James Dorman

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: Milagros Collazo
Date: 04/29/2014 3:14 PM (GMT-05:00)
To: jdougdorman@[REDACTED]
Subject: Re: Re: Re: app

Mr. Dorman,
Please see response from Committee concerning your CADC application. A hard copy is in the mail.

Milagros B. Collazo, MPA
Executive Director
Division of Consumer Affairs
Board of Marriage and Family Therapy Examiners
124 Halsey Street
Newark, NJ 07102
Tel: 973-504-6415
Fax: 973-648-3536
<http://www.njconsumeraffairs.gov/mft/>

>>> <jdougdorman@[REDACTED]> 4/24/2014 3:54 PM >>>
Any news on what I need for the CADC?
James Dorman

On 04/21/14, Milagros Collazo<CollazoM@dca.lps.state.nj.us> wrote:

You are welcome. I will list what is needed for the CADC.

>>> jdougdorman <jdougdorman@[REDACTED]> 4/21/2014 12:17 PM >>>

Thank you for your time. Please tell the committee that I will take the certification. I don't have the time or the money to get the icadc. So let me know what I need to get my cadc.

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----
From: Milagros Collazo
Date: 04/21/2014 11:56 AM (GMT-05:00)
To: jdougdorman [REDACTED]
Subject: Re: Re: app

Mr. Dorman,
Attached is letter with Committee's determination. I apologize for the delay.

Milagros B. Collazo, MPA
Executive Director
Division of Consumer Affairs
Board of Marriage and Family Therapy Examiners
124 Halsey Street
Newark, NJ 07102
Tel: 973-504-6415
Fax: 973-648-3536
<http://www.niconsumeraffairs.gov/mft/>

>>> <jdougdorman [REDACTED] 4/18/2014 12:15 PM >>>
How much longer do I have to wait?

On 04/01/14, Milagros Collazo <CollazoM@dca.lps.state.nj.us> wrote:

Unfortunately, not as of now. I am just beginning the review from the meeting and will need time. I will communicate the Committee's determination as soon as possible

>>> jdougdorman <jdougdorman [REDACTED] 4/1/2014 11:18 AM >>>
Can you tell what the outcome now?

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----
From: Milagros Collazo
Date: 04/01/2014 10:59 AM (GMT-05:00)
To: jdougdorman [REDACTED]
Subject: Re: app

Hello Mr. Dorman,
You will be receiving a letter with board's determination in the next few days. We are currently reviewing all material from the 3/28 meeting, so I ask your patience for a few more days.

Milagros

Milagros B. Collazo, M.P.A.
Executive Director
Division of Consumer Affairs
Board of Marriage and Family Therapy Examiners
124 Halsey Street
Newark, NJ 07102
Tel: 973-504-6415
Fax: 973-648-3536
<http://www.niconsumeraffairs.gov/mft/>

>>> <jdougdorman [REDACTED] 4/1/2014 10:27 AM >>>
Hello Ms. Collazo, I know that you have received my info and I am wondering how much longer do I need to wait to hear back from you and the board? I am anxious to get back in the field and back to work.

Thank You,
James Dorman

ATTACHMENT 13

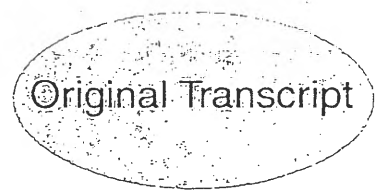
STATE OF NEW JERSEY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MARRIAGE & FAMILY THERAPISTS
DRUG & ALCOHOL COUNSELORS EXAMINERS COMMITTEE

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INVESTIGATIVE INQUIRY

IN THE MATTER OF:

JAMES D. DORMAN



124 Halsey Street
Newark, New Jersey
JUNE 27, 2014

B E F O R E: DR. EDWARD READING
MS. SYLVIA LIPPE
MR. JAMIE V.C. LUGO

ALSO PRESENT: MILAGROS COLLAZO, Executive Director
CELESTE PAIGE, Administrative Staff
VIVIAN LOPEZ, Administrative Staff

A P P E A R A N C E S:

JOHN HOFFMAN, ACTING ATTORNEY GENERAL
BY: NANCY COSTELLO MILLER,
Deputy Attorney General
For the Board

STATE SHORTHAND REPORTING SERVICES, INC.
PO Box 227
Allenhurst, New Jersey 07711
732-531-9500

I N D E X

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WITNESS

PAGE

JAMES DORMAN

By: Ms. Miller 6, 19, 28

By: Ms. Lippe 16

By: Mr. Lugo 17, 24

EXHIBITS

NO.

DESCRIPTION

PAGE

NO EXHIBITS MARKED

1 MS. MILLER: Good afternoon, Mr. Dorman,
2 my name is Nancy Costello Miller, I'm a Deputy
3 Attorney General and I'm currently assigned to
4 provide representation to this committee. You
5 were asked to come today in connection with your
6 application for a certified alcohol and drug
7 counselor certification, your original license as
8 a licensed clinical alcohol and drug counselor
9 having been suspended pursuant to a consent order
10 entered in August of 2010.

11 Today, the committee members want to ask
12 you a few questions concerning your application,
13 what you've been doing in the last couple of years
14 since the entry of that order, and to satisfy
15 itself or to determine whether it's appropriate to
16 grant you the credential that you seek.

17 The committee members will ask you
18 questions, I may have some questions for you as
19 well. The purpose of the questions is just to get
20 a record so that the committee has more
21 information on which to make its determination,
22 not to trick you in any way. So if you don't
23 understand a question, please ask that it be
24 repeated or rephrased for you. And if during the
25 course of your answers, you wish to amplify or

1 modify, clarify, a prior answer, please do so.
2 Again, the goal is to create a record on which the
3 committee can rely in reaching the determination.

4 I see that you're here without an
5 attorney, is it your intention to proceed without
6 counsel?

7 MR. DORMAN: Yes.

8 MS. MILLER: If any time today you
9 decide you'd like to have the opportunity to
10 consult with an attorney, please let us know and
11 we'll adjourn this proceeding to give you time to
12 do that. I would ask that any answers that you
13 give be oral, because the court reporter sitting
14 to your left is unable to take down nods or
15 gestures. I ask also that you keep your voice up
16 because there's an air conditioner in this room
17 that sometimes make it hard for us to hear.

18 Are you taking any medication or do you
19 have any medical condition that would prevent you
20 from answering questions today?

21 MR. DORMAN: No.

22 MS. MILLER: With that, then I would ask
23 is there any member of the committee who wishes to
24 recuse or provide any information regarding any
25 association with Mr. Dorman? I note for the

1 record that Norwood Allen, who is a member of the
2 committee, has recused himself. Mr. Allen had
3 previously worked with an IDRC, one that you had
4 also engaged in. So Mr. Allen is recused from
5 this matter. Okay. I'll ask the court reporter,
6 please, to swear you in.

7

8

9 J A M E S D. D O R M A N, 13 Brandywine Drive,
10 Berlin, New Jersey 08009 , after having been duly
11 sworn, did testify as follows:

12

13 MS. MILLER: I'll just note that at this
14 time, the committee has not made a determination
15 on your application. So the information that you
16 provide to the committee today will be helpful as
17 it goes forward in its deliberations. The
18 committee members present today are?

19 DR. READING: Ed Reading, I'm chairman.

20 MS. LIPPE: Sylvia Lippe, vice chairman.

21 MR. LUGO: Jamie Lugo, committee member.

22 MS. MILLER: And various staff members
23 are present.

24 MS. COLLAZO: Milagros Collazo,
25 executive director.

1 MS. ROSS: Michela Ross, government rep.

2 MS. PAGE: Celeste Paige, administrative
3 staff.

4 MS. LOPEZ: Vivian Lopez, clerk.

5 MS. MILLER: Okay. And during this
6 proceeding, there are some interns who are working
7 with us this summer, they may come into the room.
8 But we are in executive session in connection with
9 this, so right now the materials that are here are
10 confidential, assuming no action is taken that
11 would be an issue, would remain confidential.

12 Mr. Dorman, the board knows or the
13 committee knows there have been two consent orders
14 entered for you, one in April of 2009 and the
15 second in August of 2010. With the August 2010
16 order, as I said, your license was suspended. And
17 so I think at the moment, can you just fill us in
18 on all the employment that you have held since the
19 time that your license was suspended, if any?

20 MR. DORMAN: I worked for Philadelphia
21 Trolley Works out of Philadelphia, Pennsylvania,
22 from 2012 to -- September 2012 to October of 2013,
23 where I was laid off. Prior to that, I was not
24 employed.

25 MS. MILLER: And since October of 2013,

1 have you held any positions?

2 MR. DORMAN: I'm sorry?

3 MS. MILLER: Subsequent to your being
4 laid off in October 2013, have you held any
5 employment?

6 MR. DORMAN: Well, I just started
7 working this past week at Johnson Supply.

8 MS. MILLER: Where is that?

9 MR. DORMAN: In Cherry Hill.

10 MS. MILLER: And between October of 2013
11 and May of 2014, were you employed?

12 MR. DORMAN: No, collecting
13 unemployment.

14 MS. MILLER: And for the Philadelphia
15 Trolley Works, what was your position?

16 MR. DORMAN: I was tour director.

17 MS. MILLER: And in Johnson Supply,
18 what's your position?

19 MR. DORMAN: Marketing.

20 MS. MILLER: Thank you. Now, I'm going
21 to just ask, part of the 2010 order had a series
22 of requirements that were in that order. And just
23 as we go through this, some of which you may have
24 provided to the board, I'm just wanting to see if
25 we've got everything that was asked for. Do you

1 have the order with you?

2 MR. DORMAN: I have a copy of it, yes,
3 the 2010 and '09.

4 MS. MILLER: Okay. So the 2010 order
5 I'm referring to page four, which began with the
6 cessation of practice, cease and desist from
7 practice of alcohol and drug counseling, mental
8 health counseling, life coaching, including any
9 exempt setting.

10 Would you just tell the committee from
11 the time of August 27th, 2010, forward, have you
12 engaged in any of those activities, any mental
13 health counseling, any alcohol and drug
14 counseling, any coaching?

15 MR. DORMAN: No.

16 MS. MILLER: Have you paid the civil
17 penalty of a thousand dollars?

18 MR. DORMAN: I believe I did, yes.

19 MS. MILLER: At page five now, there's
20 been no pre-approved supervisor yet submitted.
21 Have you been in touch with anyone in terms of
22 what you would do should you have a CADDC?

23 MR. DORMAN: Not at this time, no.

24 MS. MILLER: Do you have any job
25 opportunities or have you made any inquiries?

1 MR. DORMAN: I've been looking. Due to
2 my history here, it's kind of hard to find a job
3 in this field or any field.

4 MS. MILLER: So?

5 MR. DORMAN: So that would be a no.

6 MS. MILLER: So when you say this field
7 or any field, your disciplinary record with this
8 committee has prevented you from gaining
9 employment outside the mental health field?

10 MR. DORMAN: No, my criminal record is
11 preventing me from getting employed.

12 MS. MILLER: That would be the insurance
13 fraud prosecutor's action?

14 MR. DORMAN: Yes.

15 MS. MILLER: All right. When you say
16 you've been looking, are you looking at agencies
17 or what types of places?

18 MR. DORMAN: Well, agencies, yes.

19 MS. MILLER: Down in south Jersey?

20 MR. DORMAN: South Jersey, Philadelphia.

21 MS. MILLER: Do you hold any licenses in
22 Pennsylvania?

23 MR. DORMAN: No.

24 MS. MILLER: Have you gone to any
25 schooling or taken any additional course work in

1 the field of mental health counseling?

2 MR. DORMAN: Not since 2011 and early
3 2012.

4 MS. MILLER: Okay. And what were you
5 taking at that time?

6 MR. DORMAN: Some cognitive therapy
7 courses, through an agency that I was just trying
8 to keep my skills sharp.

9 MS. MILLER: What agency was that?

10 MR. DORMAN: I mean it wasn't an
11 employment agency, it was a building in
12 Philadelphia. You paid your fees and went to the
13 course. I don't recall the exact name. I have
14 copies -- I mean I don't have the copies with me,
15 but I have the certificates of attendance.

16 MS. MILLER: Okay. Were those courses
17 approved or could they be approved for continuing
18 education?

19 MR. DORMAN: Yes, they were all
20 approved, yes.

21 MS. MILLER: By whom were they approved?

22 MR. DORMAN: Well, since they are in
23 Philadelphia, Philadelphia certification board.

24 MS. MILLER: How many hours would you
25 say that was?

1 MR. DORMAN: All together, I know I
2 probably have, within that time frame over 60 to
3 100 hours.

4 MS. MILLER: Would you happen to have
5 those certificates with you today?

6 MR. DORMAN: No, I did have not have
7 time to get them today.

8 MS. MILLER: And other than that, those
9 courses that you've taken, you haven't taken any
10 other -- you haven't enrolled in any program or
11 anything?

12 MR. DORMAN: Not since then, no.

13 MS. MILLER: On page seven of the order,
14 it was to give us each of your working
15 affiliations and/or places of employment. You
16 just testified now to what that was. Was there
17 anything else that would be there?

18 MR. DORMAN: No, well, prison.

19 MS. MILLER: Okay. What years was that?

20 MR. DORMAN: I was in prison from June
21 1st, 2012, to August 22nd, 2012.

22 MS. MILLER: And what prison were you
23 in?

24 MR. DORMAN: Bayside.

25 MS. MILLER: Was it an early release

1 program?

2 MR. DORMAN: I was released on ISP,
3 where I served 16 months and successfully
4 completed December 17th, of 2013.

5 MS. MILLER: I note that on page seven
6 of the order, in paragraph seven, it said failure
7 to provide the committee -- the last sentence of
8 paragraph seven, with updated information may be
9 considered a violation of the order.

10 Given that the 2010 action is based, in
11 part, on your failing to comply with the
12 provisions of the 2009 order, what explanation can
13 you offer the committee for not providing the
14 information as required in paragraph seven of the
15 2010 order?

16 MR. DORMAN: Well, I was not working, I
17 had no income. I was dealing with the legal
18 issues of the insurance fraud. And my life was in
19 a little bit of chaos at that time.

20 MS. MILLER: Have you made -- have you
21 provided the board with copies -- paragraph eight
22 now, the disclosure documents signed by clients of
23 Loretta Falsiani, the person whom you were
24 supervising?

25 MR. DORMAN: Well, at that time, I was

1 no longer working when this came into play. So
2 now at that time, Loretta -- when this was given
3 to me, Loretta Falsiani was no longer working. I
4 mean my business was shut down.

5 MS. MILLER: Did you make any attempt at
6 the time to say to the committee that I -- you
7 know, signing this order, I can't comply with
8 number eight because I no longer have access to
9 the records?

10 MR. DORMAN: No. During that time, like
11 I stated earlier, my life was in a complete chaos.
12 So I was not -- this wasn't a priority on my list.
13 My priority was dealing with the criminal charges.

14 MS. MILLER: I could appreciate that,
15 sir. I suppose that part of my concern is that in
16 the prefatory language in the 2010 order, on page
17 three of the 2010 order, that you acknowledged
18 that you really hadn't read carefully the 2009
19 order. And that's one of the reasons why
20 Respondent maintained that he signed the
21 consent -- I'm about six lines down on page three,
22 Respondent maintained that he signed the consent
23 order without reading or fully understanding it.

24 So if your appearance before the board
25 in 2010 was due in part to your failure to read a

1 prior consent order, I'm just -- if you can,
2 please, explain to the committee how in 2010,
3 perhaps the same thing happened?

4 MR. DORMAN: Well, because from 2007 up
5 until 2012, like I stated, my life was in chaos at
6 the time dealing with the criminal charges.

7 MS. MILLER: Have you returned -- have
8 you paid the penalty for the office --

9 MR. DORMAN: Yes, everything has been
10 paid in full, restitution has been paid in full to
11 all parties.

12 MS. MILLER: Okay. So I appreciate that
13 there's been different things going on in your
14 life that caused turmoil. What have you been
15 doing in particular during the term that you are
16 unemployed, what were you doing to keep yourself
17 active, mentally and physically, and the like?

18 MR. DORMAN: You mean from October --

19 MS. MILLER: Since your --

20 MR. DORMAN: -- until now?

21 MS. MILLER: Yes.

22 MR. DORMAN: I was working on my house,
23 working around the yard, just looking for
24 employment.

25 MS. MILLER: The courses that you took

1 in cognitive therapy, was that related
2 specifically to alcohol and drug counseling or was
3 it more general courses?

4 MR. DORMAN: It was both mental health
5 and alcohol and drug.

6 DR. READING: Among the continuing ed
7 courses that you took, did you take one on
8 supervision and one on the legal standards that
9 was part of the 2009 order?

10 MR. DORMAN: I did not take anything on
11 supervision because the courses that I was --
12 where I was attending, the courses didn't offer
13 that one. And I did look into it, it was one
14 being held in Atlantic City, I just didn't have
15 the funds. When I was released from prison, I had
16 no income or no money from paying attorney fees.

17 MS. MILLER: So, sir, do you live alone?

18 MR. DORMAN: No, I live with my
19 girlfriend.

20 MS. MILLER: And has that -- that is
21 since your release from prison?

22 MR. DORMAN: Yes, that was the only
23 place I was allowed to go.

24 MS. MILLER: Now that you've
25 successfully completed the ISP program, are there

1 limitations on where you can work?

2 MR. DORMAN: No, I'm considered a free
3 man now. So I have no parole, no one to report
4 to.

5 MS. MILLER: Did you, prior to your
6 entry into prison, live by yourself or were you --

7 MR. DORMAN: I lived in my own house at
8 the time, yes.

9 MS. MILLER: And you sold the house or
10 it's just --

11 MR. DORMAN: No, I still have the house.

12 MS. MILLER: Okay.

13 DR. READING: Sylvia?

14 MS. LIPPE: What are you doing, say, for
15 your own counseling? Are you in counseling now?
16 Are you pursuing any kind of counseling?

17 MR. DORMAN: No, I was in counseling
18 last year.

19 MS. LIPPE: How long were you in
20 counseling for?

21 MR. DORMAN: Maybe four, five months.

22 MS. LIPPE: And the reason for not going
23 any more?

24 MR. DORMAN: We both felt that I was
25 done.

1 DR. READING: Who was the counselor and
2 what kind of credentials?

3 MR. DORMAN: His name was Jeffrey Hamel,
4 I believe he was a CADC, but then a LCSW or an
5 LPC, one of the two, I don't recall. But he was a
6 licensed counselor in New Jersey.

7 MS. MILLER: Was it related to any
8 particular issue, a mental health issue,
9 depression, posttraumatic distress?

10 MR. DORMAN: Well, it was related to all
11 the turmoil I was going through. My mother passed
12 away about three weeks after I was released from
13 prison, so it had to do with that. And everything
14 else that I went through in my life, you know,
15 because of this insurance fraud.

16 MR. LUGO: By any chance, did you bring
17 an updated resume, a current resume with you?

18 MR. DORMAN: No, I did not.

19 MR. LUGO: Okay. Have you done any work
20 since this incident at any type of substance abuse
21 program, mental health program, in Jersey at all?

22 MR. DORMAN: No.

23 MR. LUGO: How about at the Wounded
24 Healer, I believe it's called?

25 MR. DORMAN: I was working at the

1 Wounded Healer, I was not doing any counseling
2 there.

3 MR. LUGO: What kind of work were you
4 doing there?

5 MR. DORMAN: I got her credentialed with
6 the insurance companies.

7 MR. LUGO: Okay. And what happened with
8 that job?

9 MR. DORMAN: Well, she wasn't paying me,
10 all right. And she was having her own personal
11 issues, that you probably need to get that
12 information from her regarding that, but it just
13 wasn't a good place to work at.

14 MR. LUGO: So what you're saying is you
15 left because you were not being paid?

16 MR. DORMAN: Yes.

17 MR. LUGO: Okay. And the work you did
18 was helping her become credentialed?

19 MR. DORMAN: Yes.

20 MR. LUGO: As an agency or as an
21 individual?

22 MR. DORMAN: As an agency.

23 MR. LUGO: Okay. What credential was
24 that that you were working on?

25 MR. DORMAN: To be able to submit

1 payment to third parties.

2 MR. LUGO: As a provider for insurance
3 companies, okay. Okay. How long were you with
4 them?

5 MR. DORMAN: Maybe three months. I'm
6 going to say like from November to right after the
7 holidays.

8 MS. MILLER: Did you have any -- I know
9 I asked you about employment and then Mr. Lugo
10 just said or asked about an unpaid work. Are
11 there any other unpaid jobs that you held or
12 unpaid associations or affiliations over the last
13 four years?

14 MR. DORMAN: No.

15 MS. MILLER: Just the Wounded Healer?

16 MR. DORMAN: Yes.

17 MS. MILLER: And more likely my inartful
18 questioning than not, but why didn't you answer
19 that when I asked where you worked?

20 MR. DORMAN: Well, I was thinking about
21 more of a counseling position work.

22 MS. MILLER: But the Trolley Work as a
23 tour guide wasn't a counseling position?

24 MR. DORMAN: No.

25 MS. MILLER: Is there anything else then

1 that you've done outside your house that someone
2 could argue was either a volunteer position, as an
3 agent, any kind of a collaborative effort with
4 anyone over these last four years?

5 MR. DORMAN: Not that I could recall,
6 no.

7 MS. MILLER: So tell -- if you would,
8 Mr. Dorman, to work as a certified alcohol and
9 drug counselor, you've had a lot of experience in
10 the field, you practiced for a number of years
11 prior to the suspension of your license. Can you
12 give briefly to the committee members sort of a
13 sense of what your theory of alcohol and drug
14 counseling is? What you're going to bring to the
15 table, what you would be able to offer clients who
16 would come to you for help or seek your services?
17 Tell the committee a little bit about that.

18 MR. DORMAN: Well, I've been in the
19 field since 1989, that's when I got my first
20 certification, that was in the state of Texas in
21 1989. And I believe in the twelve-step philosophy
22 for recovery for most people.

23 I've been around a lot of addiction,
24 mental health, you know, within my own family. I
25 myself am not in recovery from alcohol or drugs.

1 But I've been -- you know, a lot of experience
2 working with individuals with alcohol and drug
3 issues from '84 to 2009.

4 But I believe my experience and the time
5 that I put into this field should grant me back my
6 certification or license, I would prefer to have
7 my license back.

8 MS. MILLER: Well, consistent with the
9 order that you signed in 2009, were you to get
10 your master's in counseling, that's certainly
11 something you can apply for and the committee
12 would consider.

13 Do you think that your experience is --
14 the turmoil as you've put it -- that you've been
15 subjected to the last several years is going to
16 help you in terms of your counseling or?

17 MR. DORMAN: I don't believe that it
18 would hurt it, no.

19 MS. MILLER: But do you think that you
20 yourself have grown in a way that will help you
21 better as a counselor?

22 MR. DORMAN: Most definitely, yes.

23 MS. MILLER: I mean in what ways?

24 MR. DORMAN: Well, I believe in
25 learning -- I knew what was right and wrong before

1 that, but the experience of surviving. You know,
2 coming out of prison and not being able to find
3 work because of my criminal background, it's very
4 difficult to do that, dealing with the struggles
5 of every day life financially, that creates some
6 emotional strain on my relationship. However, I
7 do have a good support system there.

8 So I believe that just my experiences of
9 dealing with all that turmoil and struggles would
10 benefit me as -- make me a better counselor.

11 MS. MILLER: You indicated that both you
12 and the counselor, Mr. Hamel, that you had been
13 seeing, sort of found -- both of you thought you
14 were done and it was okay that you moved forward.
15 As you sit here today, do you still -- do you feel
16 comfortable with that determination that you
17 wouldn't gain any more from continued therapy or
18 that you know -- do you have anger still that
19 you're still struggling to work with on your own,
20 are you just trying to get your feet planted --

21 MR. DORMAN: I was never an angry
22 person, didn't have to do with anger.

23 MS. MILLER: So when you say you're done
24 the therapy, you're comfortable where you are --

25 MR. DORMAN: Unfortunately, I'm not

1 comfortable where I'm at now because I'm not
2 working. I'm working, but it's not a full time
3 job. But I am comfortable, with where I'm at
4 emotionally, to some extent. However, because of
5 financial issues, you know, there's struggles
6 there.

7 And I think that anyone, you know, that
8 walks on this earth, if they have financial
9 issues, which creates other issues in your life,
10 that you're going to have some struggles
11 somewhere. But I'm the type of individual, you
12 know, you got to pick up your pieces and you got
13 to move forward. If not, you're going to sit
14 there and you're going to die and you're not going
15 to grow. I don't live that way.

16 My crime, to me, was an embarrassment,
17 you know, I lost everything that I had. What I
18 did was totally wrong, you know. I'm very
19 remorseful. I paid my penalty numerous times and
20 I will pay this penalty the rest of my life for my
21 stupidity. It's just not about -- just because I
22 did 82 days and then 16 months on a program
23 doesn't mean that my, you know, that I can pop out
24 and get a job anywhere, you know.

25 I will suffer the consequences of my

1 stupidity for the rest of my life. And that's
2 something that I came to terms with. Because if I
3 don't, then, you know, I might as well just roll
4 over and go to sleep.

5 MS. MILLER: And to the extent that
6 you're counseling people who have similarly made,
7 for lack of a better word, stupid mistakes, that
8 your presence and your counseling role can serve
9 as a role model to them perhaps?

10 MR. DORMAN: I would like to think so,
11 yes. Just like a recovering addict thinks or
12 believes that their recovery could benefit an
13 individual.

14 MR. LUGO: Just one last question. What
15 was your title at the Wounded Healer?

16 MR. DORMAN: I don't believe I had a
17 title.

18 MR. LUGO: All right.

19 MR. DORMAN: You would have to ask Miss
20 Swift that. There was no formal paperwork that I
21 filled out to work there.

22 MS. MILLER: What was the Wounded
23 Healer, what does that relate to?

24 MR. DORMAN: I'm sorry?

25 MS. MILLER: Is it for veterans, what's

1 Wounded Healer, what is that?

2 MR. DORMAN: It was a recovery program,
3 I believe they also did IDRC work.

4 DR. READING: We got it. Would you like
5 to make a closing statement or any comments?

6 MR. DORMAN: I have some things I'd like
7 to say, yes. I mean I understand what the consent
8 order of 2009 is, you know, about obtaining a
9 master's degree to get my license. I was
10 grandfathered into that program, I believe that I
11 should still be able to keep my license. That's
12 my belief, it may not be the committee's belief,
13 but that's mine, due to the fact that I was
14 grandfathered in. I did not do anything
15 clinically wrong. Ethically, yes, all right, by
16 billing for services that were not rendered. But
17 my clinical skills had nothing to do with that.
18 That was just poor judgment on my part.

19 So I do believe that I should be able to
20 get my license back. Because if not, then
21 basically what I'm doing is I'm still being
22 punished for the same crime continuously, numerous
23 times, all right. I paid the insurance companies
24 back in full, all right. If I didn't pay them
25 back, I would still be on this ISP program.

1 Unfortunately, my mother passed away and that's
2 where I got the funds to pay restitution. So I
3 think that me having a license would benefit me,
4 hoping that it would help me find a better job.
5 This way I can get back on my feet rather than
6 struggling, you know, from day-to-day.

7 Certification would be wonderful, that's
8 what I started off with. However, I do think a
9 license holds more weight. And I think I should
10 be considered for the license. Unfortunately, I'm
11 not going to be able to get a master's, all right,
12 not at this time in my life, I can't afford it. I
13 do have some physical problems that would probably
14 prevent me from attending school, I don't know.
15 But I just feel that me not being granted my
16 license back is another punishment, that's just a
17 continuation of me serving my time.

18 My clinical skills, they may be a little
19 rusty because I haven't used them in awhile. But
20 I believe that I do counseling every day, in some
21 sense, you know, dealing with friends, family, my
22 son, my granddaughter, whoever it may be. Those
23 skills will always be there. But I really
24 struggle with the fact that I can't have my
25 license. That's one of my struggles. Because I

1 keep looking at that the state continues to punish
2 me over and over for the same crime.

3 And I know what I did wasn't a good
4 thing, trust me, I know that in my heart, in my
5 mind. However -- and I even hate to say this, but
6 there are people who've done far worse than I that
7 continue to keep their license, all right.
8 Nursing programs, lawyers, doctors, police
9 officers, get to keep their badge, okay. All they
10 have to do is go through a program.

11 I went through my program, all right, 82
12 days in prison, which is not a lot of time, you
13 know, compared to some inmates. But for me, it's
14 never been in prison, never been incarcerated, 82
15 days is a lifetime, trust me. And then 16 months
16 on house arrest, all right. With a curfew, drug
17 testing every week, sometimes three times a week.
18 I never missed a beat, I never missed a curfew. I
19 passed every drug test, I paid back full
20 restitution. I did what was asked of me.

21 Now I'm asking for my license, that's
22 what I would like. With stipulations, most
23 definitely. I mean I'll never get into an
24 insurance company, trust me, I'm already on the
25 list of no. So that wouldn't be something that

1 would -- to be afraid of, so to speak, you know,
2 that I would get into private practice. I don't
3 want to be in private practice, I want to work for
4 a nice agency, you know, make a decent living and
5 move forward. And I believe that having my
6 license would be a better option for me. I had
7 them, I never had any clinical issues. And I
8 believe that that's what I deserve because, if
9 not, then you're continuing to punish me. By my
10 own fault because of what I've done, but I believe
11 that I've paid my dues tenfold.

12 MS. MILLER: Mr. Dorman, if you would,
13 please, would you send the committee copies of the
14 certification for the cognitive therapy courses
15 that you took?

16 MR. DORMAN: I could scan them and email
17 them.

18 MS. MILLER: That would be great.
19 Because assuming it counts towards your continuing
20 education, it will help.

21 DR. READING: Not just that course, but
22 any continuing education.

23 MR. DORMAN: Yeah, I had quite a few
24 different courses, it just wasn't in cognitive
25 therapy, there was quite a few of them.

1 MS. MILLER: Send them all because --

2 MR. DORMAN: Whatever I've done from
3 2010 to 2012. I haven't done anything since then
4 because, like I said, I was incarcerated for 82
5 days and then 16 months on house arrest. So
6 realistically, I've only been free since December
7 17th of 2013.

8 MS. MILLER: Okay. Thank you, Mr.
9 Dorman. Please send that in and the committee
10 will be considering your testimony here today and
11 your requests and we'll get back to you.

12 MR. DORMAN: Thank you. Have a good
13 weekend.

14 MS. MILLER: Thank you.

15

16 (Whereupon the matter was concluded.)

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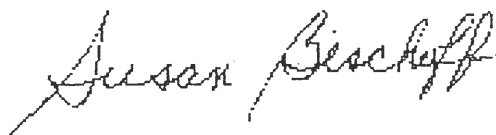
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I HEREBY CERTIFY that the foregoing is a true and accurate transcript of the testimony and proceedings as taken stenographically by me at the time, place, and on the date hereinbefore set forth.



SUSAN BISCHOFF, CCR, RPR
LICENSE NO. 30XI00233700

Dated: July 11, 2014

ATTACHMENT 14

Milagros Collazo - requested info

From: <jdougdorman@ [REDACTED]>
To: <collazom@dca.lps.state.nj.us>
Date: 8/6/2014 12:55 PM
Subject: requested info
Attachments: doug discharge.pdf; cbt.jpg; CCI08062014_0002.jpg

Ms. Collazo here is the information that you are requesting. If you have any questions you can contact me by email or on my cell [REDACTED].
Here is a description of the 55.5 certificate.

CE Type:
PCB
of CE's:
6

About This Course

Course provides the information needed in order to comply with the applicable Federal and State laws and regulations regarding confidentiality. This training is a foundation course for anyone working in the field of substance abuse treatment.

Intended Audience:

This course is a State mandated training for providers of drug and alcohol related services. Other interested parties may also attend.

Respectfully,
James Dorman

Office of Jeffrey P Hanna LCSW, ACSW

Discharge Summary

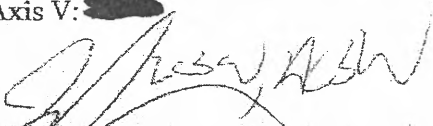
James Douglas Dorman
DOB: [REDACTED]
Admission Date: 3/7/13
Discharge Date: 6/17/13

Mr. Doorman is being discharged this day for completion on traditional outpatient therapy. He has met his goals of developing coping skills for anger, identifying ways to appropriately communicate with others, and taking the steps needed to successfully grieve the death of his mother.

He presented to treatment as a requirement for legal obligation. He was referred to seek therapy to help with issues related to a restraining order which was enacted and dismissed previous to the start of treatment. He presented [REDACTED] with some noticeable depression and agitation. He neither reported having nor showed no signs of any SI, HI, AVH, and/or delusions throughout the duration of treatment.

He showed to treatment on a regular basis and used therapy sessions appropriately. He showed decrease in depression and agitation. He also was able to identify triggers and use appropriate coping strategies. Restraining order, agitation, loss, and past unhealthy coping skills were processed. Client proves to show no risk to abuse or hurt anyone at this time.

Axis I: [REDACTED]
Axis II: [REDACTED]
Axis III: [REDACTED]
Axis IV: [REDACTED]
Axis V: [REDACTED]


Jeffrey P. Hanna LCSW, ACSW

JPH/cj

COPY

ATTACHMENT 15



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
PO Box 45029
Newark, NJ 07101

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JOHN J. HOFFMAN
Acting Attorney General

JEFFREY S. JACOBSON
Director

October 20, 2014

James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009

Via email: jdougdorman [REDACTED]

Re: Application for Certification
Alcohol and Drug Counselor Committee

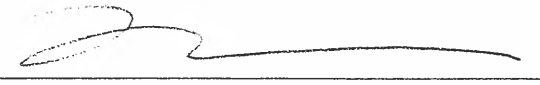
Dear Mr. Dorman:

Attached to the email with this letter is a Demand for Statement in Writing Under Oath and for Production of Documents. The Committee has asked that you respond to questions, which are based on information the Committee received subsequent to the entry of the August 2010 order. That information pertains to your involvement with The Wounded Healer, including questions related to the filing of a Trade Name Certificate and submission of claims for payment.

As noted in the Demand, you are to respond by November 3, 2014. Failure to respond may result in delay or denial of your application for certification as an alcohol and drug counselor.

Sincerely yours,

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY

By: 
Nancy Costello Miller
Deputy Attorney General

cc Milagros Collazo, Exec. Dir., ADC Committee



JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Attorney for State Board of Marriage and Family Therapy
Alcohol and Drug Counselor Committee

By: Nancy Costello Miller
Deputy Attorney General
Division of Law, Fifth Floor
124 Halsey Street
P. O. Box 45029
Newark, New Jersey 07101
Tel. (973) 648-7457


STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMAILY THERAPY
ALCOHOL AND DRUG COUSELOR COMMITTEE

In the Matter of an Inquiry of	:	Administrative Action
James D. Dorman,	:	DEMAND FOR STATEMENT
Applicant	:	IN WRITING UNDER OATH
for certification as an Alcohol	:	AND FOR PRODUCTON
and Drug Counselor in the	:	OF DOCUMENTS
State of New Jersey	:	

To: James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009
Email: jdougddorman [REDACTED]

Pursuant to the provisions of N.J.S.A. 45:1-18(a), you are required to submit to the Board of Marriage and Family Therapy, Alcohol and Drug Counselor Committee, a written statement under oath answering the questions attached to this Demand, and to produce the requested documents. The documents and statement should be signed, notarized, and delivered or mailed to the above address no later than November 3, 2014. Failure to comply may cause the Committee to delay action or to deny your application for certification as a certified alcohol and drug counselor.

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF
NEW JERSEY

By  Date 20 OCT 14.
Nancy Costello Miller
Deputy Attorney General

In the Matter of the Application of James D. Dorman for certification as a certified alcohol and drug counselor; Demand for Statement and Production of Documents

Respond fully to each question. Use as many sheets as necessary. Please type responses. Provide copies of documents requested. If you wish to submit additional documents to support or amplify your answers, you may do so. Copies are to be certified to be true copies, and must be clear, legible and contain all four margins of the document. When submitting your response, include the sheet with your notarized signature.

1. For the period August 27, 2010, to the present, state the name and address of each place of employment or work affiliation, including non alcohol and drug counseling activities, the position(s) held, dates of employment or affiliation, and whether the position(s) was compensated or not compensated.
2. State whether you have been a plaintiff, defendant or third party in any civil law suits in the last five years. If yes, provide details for each law suit, including but not limited to your role; name and address of plaintiff(s) and defendant(s); county and state in which suit was filed; name and address of counsel for the parties; current status of law suit (pending, settled, jury verdict, etc.); and description of allegations, and a narrative regarding the matter(s).
3. State whether you have been arrested, charged, indicted, accused or convicted of any crime or offense, including disorderly persons offenses, and violations of ordinances. If yes, provide details of each, including dates, locations, charges, and disposition.
4. Describe in detail your association with The Wounded Healer and/or Wounded Healer (referred to here as "Wounded Healer"). Include: Position(s) held, responsibilities, date of hire, date of separation, reason(s) for separation.
5. Describe in detail the circumstances and reasons that claims submitted to Aetna for payment for services rendered at Wounded Healer, listed 20 Nursery Ct, Glassboro, NJ 08028 as the address to which payment should be sent.
6. Describe any actions that were taken by you or against you related to funds that were paid on claims submitted to Aetna for which payment was sent to 20 Nursery Ct., Glassboro, NJ 08028.
7. Provide the following documents. If no documents that are responsive the request exist, identify the specific request and so state.
 - A. Copy of employment agreement, if any, related to Wounded Healer.
 - B. Copy of any and all agreements reflecting or purporting to reflect compensation arrangements between you and Wounded Healer.

- C. Copy of W-2 or 1099 and/or other documents reflecting remuneration received from Wounded Healer.
- D. Copy of any and all documents, including but not limited to correspondence, electronic mail, memoranda, and notes, between you (or your attorney or agent) and anyone on behalf of Wounded Healer, including Dr. Jacqueline Swift, her attorney or agent.
- E. Copy of any and all documents, including but not limited to correspondence, electronic mail, claims submissions, explanations of benefits, memoranda, and notes, related to claims submitted to Aetna on behalf of Wounded Healer, regardless of address to which payments were sent.
- F. Copy of any and all documents, including but not limited to canceled checks, money order receipts, press releases, advertisements, and business entity formation papers, related to the "The Wounded Healer," the entity referenced in the Trade Name Certificate filed on or about February 8, 2011, in Gloucester County, New Jersey.
- G. Copy of documents related to your employment/engagement at Wounded Healer, including application, personnel file, evaluations, references, hiring agreement, termination documents, employee handbook.

Affidavit

I, James D. Dorman, of full age, upon my oath, depose and say:

The attached submission represents my full and complete response to the questions in the Demand for Statement in Writing Under Oath. The copies of documents submitted with this response are true copies of the documents requested and contain all four margins of the documents.

James D. Dorman

Sworn and Subscribed before
me this _____ day of _____, 2014

ATTACHMENT 16

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Attorney for State Board of Marriage and Family Therapy
Alcohol and Drug Counselor Committee

By: Nancy Costello Miller
Deputy Attorney General
Division of Law, Fifth Floor
124 Halsey Street
P. O. Box 45029
Newark, New Jersey 07101
Tel. (973) 648-7457

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MARRIAGE AND FAMILY THERAPY
ALCOHOL AND DRUG COUSELOR COMMITTEE

In the Matter of an Inquiry of

James D. Dorman,
Applicant

for certification as an Alcohol
and Drug Counselor in the
State of New Jersey

Administrative Action

DEMAND FOR STATEMENT
IN WRITING UNDER OATH
AND FOR PRODUCTION
OF DOCUMENTS

To: James D. Dorman
13 Brandywine Drive
Berlin, New Jersey 08009
Email: jdougdorman

Pursuant to the provisions of N.J.S.A. 45:1-18(a), you are required to submit to the Board of Marriage and Family Therapy, Alcohol and Drug Counselor Committee, a written statement under oath answering the questions attached to this Demand, and to produce the requested documents. The documents and statement should be signed, notarized, and delivered or mailed to the above address no later than November 3, 2014. Failure to comply may cause the Committee to delay action or to deny your application for certification as a certified alcohol and drug counselor.

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF
NEW JERSEY

By 
Nancy Costello Miller
Deputy Attorney General

20 OCT 14.
Date

In the Matter of the Application of James D. Dorman for certification as a certified alcohol and drug counselor; Demand for Statement and Production of Documents

Respond fully to each question. Use as many sheets as necessary. Please type responses. Provide copies of documents requested. If you wish to submit additional documents to support or amplify your answers, you may do so. Copies are to be certified to be true copies, and must be clear, legible and contain all four margins of the document. When submitting your response, include the sheet with your notarized signature.

1. For the period August 27, 2010, to the present, state the name and address of each place of employment or work affiliation, including non alcohol and drug counseling activities, the position(s) held, dates of employment or affiliation, and whether the position(s) was compensated or not compensated.
2. State whether you have been a plaintiff, defendant or third party in any civil law suits in the last five years. If yes, provide details for each law suit, including but not limited to your role; name and address of plaintiff(s) and defendant(s); county and state in which suit was filed; name and address of counsel for the parties; current status of law suit (pending, settled, jury verdict, etc.); and description of allegations, and a narrative regarding the matter(s).
3. State whether you have been arrested, charged, indicted, accused or convicted of any crime or offense, including disorderly persons offenses, and violations of ordinances. If yes, provide details of each, including dates, locations, charges, and disposition.
4. Describe in detail your association with The Wounded Healer and/or Wounded Healer (referred to here as "Wounded Healer"). Include: Position(s) held, responsibilities, date of hire, date of separation, reason(s) for separation.
5. Describe in detail the circumstances and reasons that claims submitted to Aetna for payment for services rendered at Wounded Healer, listed 20 Nursery Ct, Glassboro, NJ 08028 as the address to which payment should be sent.
6. Describe any actions that were taken by you or against you related to funds that were paid on claims submitted to Aetna for which payment was sent to 20 Nursery Ct., Glassboro, NJ 08028.
7. Provide the following documents. If no documents that are responsive the request exist, identify the specific request and so state.
 - A. Copy of employment agreement, if any, related to Wounded Healer.
 - B. Copy of any and all agreements reflecting or purporting to reflect compensation arrangements between you and Wounded Healer.

In the Matter of the Application of James D. Dorman for certification as a certified alcohol and drug counselor; Demand for Statement and Production of Documents

Respond fully to each question. Use as many sheets as necessary. Please type responses. Provide copies of documents requested. If you wish to submit additional documents to support or amplify your answers, you may do so. Copies are to be certified to be true copies, and must be clear, legible and contain all four margins of the document. When submitting your response, include the sheet with your notarized signature.

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2. State whether you have been a plaintiff, defendant or third party in any civil law suits in the last five years. If yes, provide details for each law suit, including but not limited to your role; name and address of plaintiff(s) and defendant(s); county and state in which suit was filed; name and address of counsel for the parties; current status of law suit (pending, settled, jury verdict, etc.); and description of allegations, and a narrative regarding the matter(s).
3. State whether you have been arrested, charged, indicted, accused or convicted of any crime or offense, including disorderly persons offenses, and violations of ordinances. If yes, provide details of each, including dates, locations, charges, and disposition.
4. Describe in detail your association with The Wounded Healer and/or Wounded Healer (referred to here as "Wounded Healer"). Include: Position(s) held, responsibilities, date of hire, date of separation, reason(s) for separation.
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 - A. Copy of employment agreement, if any, related to Wounded Healer.
 - B. Copy of any and all agreements reflecting or purporting to reflect compensation arrangements between you and Wounded Healer.

- C. Copy of W-2 or 1099 and/or other documents reflecting remuneration received from Wounded Healer.
- D. Copy of any and all documents, including but not limited to correspondence, electronic mail, memoranda, and notes, between you (or your attorney or agent) and anyone on behalf of Wounded Healer, including Dr. Jacqueline Swift, her attorney or agent.
- E. Copy of any and all documents, including but not limited to correspondence, electronic mail, claims submissions, explanations of benefits, memoranda, and notes, related to claims submitted to Aetna on behalf of Wounded Healer, regardless of address to which payments were sent.
- F. Copy of any and all documents, including but not limited to canceled checks, money order receipts, press releases, advertisements, and business entity formation papers, related to the "The Wounded Healer," the entity referenced in the Trade Name Certificate filed on or about February 8, 2011, in Gloucester County, New Jersey.
- G. Copy of documents related to your employment/engagement at Wounded Healer, including application, personnel file, evaluations, references, hiring agreement, termination documents, employee handbook.

Affidavit

I, James D. Dorman, of full age, upon my oath, depose and say:

The attached submission represents my full and complete response to the questions in the Demand for Statement in Writing Under Oath. The copies of documents submitted with this response are true copies of the documents requested and contain all four margins of the documents.

James D. Dorman

Sworn and Subscribed before
me this _____ day of _____, 2014

Affidavit

I, James D. Dorman, of full age, upon my oath, depose and say:

The attached submission represents my full and complete response to the questions in the Demand for Statement in Writing Under Oath. The copies of documents submitted with this response are true copies of the documents requested and contain all four margins of the documents.


James D. Dorman

Sworn and Subscribed before
me this 22 day of Oct, 2014



SHANNON G. AGUILAR
NOTARY PUBLIC OF NEW JERSEY
ID # 2423691

My Commission Expires 8/7/2017

- 1) Wounded Healer, Pitman, NJ. Approximately from October 20th 2010 to February 20th 2011. Hired as a consultant to get the Wounded Healer into the insurance networks. Ms. Swift paid me "under the table" I had requested numerous times for her to send me a 1099 however she never did send me one. When I left the Wounded Healer I never returned to work until I was released from the NJDOC. On September 22nd I stated working at 76 Carriage Company in Philadelphia, PA., located at 5th and Market. My job title was Tour Director. I was compensated for this position. This job ended on November 5th 2013. I then collected unemployment from November 2013 through May 2014. I was hired at Johnstone Supply located in Cherry Hill NJ on June 25th 2014 and my current position is counter sales and I am paid for this position.
- 2) None.
- 3) May 1978, possession of marijuana. Probation and fine. May 2004 disorderly persons charge in Myrtle Beach, SC. I was attending bike week and was standing with a crowd of people watching a show when we were all told to move on. I did not move fast enough for the officer and he charged me with a disorderly person's citation. I was fined and released. Healthcare insurance fraud 2011, insurance fraud 2010. However the crime was committed in 2006 and 2007. Incarcerated for both crimes on June 1st 2012 for 82 days. Released on ISP August 22nd and stayed on this program for 16 months. I paid all the insurance companies and fines in full. I successfully completed ISP on December 17th 2013.
- 4) My position at the WH was to get them in the insurance networks. I started working there on or about October 20th 2010 to approximately February 20th 2011. The reason or should I say my reason for the separation was that Ms. Swift could not afford to pay me and when she did the check would bounce for insufficient funds. There are other reasons for me leaving that had to do with conflict with her son and his refusal to pay me when payment was due.

- 5) My reason for the claims being submitted to 20 Nursery Court was so that I would get the money owed to me from Ms. Swift as I did not trust her or her son to pay me as evidenced by their poor financial obligations that I witnessed. I had also used this address prior for all payments received from insurance companies in the past.

- 6) Ms. Swift tried to say that I committed forgery which was never proven. I did not do anything illegal to obtain any insurance contracts or on any claims that were submitted. All insurance claims that were submitted on clients at the Wounded Healer were taken from the attendance sheet that Ms. Swift had all of the clients sign.

- 7) A) There was never any agreement in writing between Ms. Swift and me.
B) There was never any agreement in writing between Ms. Swift and me.
C) I never received a 1099 from Ms. Swift.
D) Never received any correspondence to my knowledge.
E) I do not have any of this information because it was done electronically and I no longer have anyway to retain the information requested.
F) I do not have any of the information that the board is requesting except for a W-9 that is attached. The name "Wounded Healer" was never filed by Ms. Swift.
G) I believe that I never had an employee file that I am aware of. Ms. Swift never gave me an employee handbook and I don't recall ever seeing one.

I went to work for Ms. Swift believing that she would pay me for the work that I said that I would do and for the work that I completed for her. I also witnessed her form/style of counseling and billing practices that I found to be inappropriate and I did not want anything to do with this knowing my own situation and what I was in store for with the charges pending against me.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Wounded Healer	
	Business name/disregarded entity name, if different from above Wounded Healer	
	Check appropriate box for federal tax classification (required): <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 20 Nursery Ct. City, state, and ZIP code Glassboro, NJ 08028	Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Employer identification number								
2	7	-	4	8	1	1	8	3

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/7/11
------------------	----------------------------	---------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ATTACHMENT 17

PITMAN POLICE DEPARTMENT

110 S. BROADWAY PITMAN, NJ 08071

HQ (856) 589-3501 * DISPATCH (856) 589-3500 * FAX (856) 589-5050

NJ ORI# NJ0081500

INVESTIGATION REPORT

DATE OF INCIDENT: 02/21/11		INCIDENT NUMBER: 20111178	
NATURE OF INCIDENT: Fraud			
LOCATION OF INCIDENT: The Wounded Healer/ 8 N. Broadway, Pitman NJ 08071			
REPORTED BY:	RADIO:	STATION: X	ON VIEW:

VICTIM:	COMP. X	ACCUSED:	Dr. Jacqueline Swift
ADDRESS:	8 N. Broadway, Pitman NJ 08071		
PHONE NUMBER(S)	856-297-4908		

MV INFO.	REG STATE:	TAG:	YEAR:	COLOR:
MAKE:	MODEL:		VIN	

SPR#:	N/A: ()	VALUE STOLEN:
-------	----------	---------------

ACTIONS TAKEN/NARRATIVE:

This officer spoke with the above complainant, Dr. Jacqueline Swift, who came into headquarters to make a report of fraud which occurred at her (above) place of business. According to comp, who is the Executive Director for "The Wounded Healer", she hired a James D. Dorman as a counselor in October of 2010. Comp related that during the time of his employment she began to grow suspicious of Mr. Dorman's activities at work. Comp related that Mr. Dorman was not providing her with information or documents which she requested among other things. Upon investigation comp was made aware that Mr. Dorman's counseling license had been suspended in New Jersey for prior incidents of fraud and questionable practices.

Comp further related that she noticed a posting in the Gloucester County Times that a new business had opened up in Glassboro named "Wounded Healer" under James D. Dorman (see invest). Comp stated she has not seen Mr. Dorman since 02/16/11 and that all of his belongings are gone. Comp explained to officers that a client, [REDACTED] wrote two checks in the amounts of \$1740.00 and \$870.00 which she fears will be sent to the new location that Mr. Dorman opened up in Glassboro. Comp stated the payments should have been sent to her business. Comp is concerned that Mr. Dorman falsely opened the new business under "Wounded Healer" in an attempt to fraudulently

OFFICER SIGNATURE: Ptlm A Carson <i>AC</i>	BADGE NUMBER: 114
DATE OF REPORT: 02/21/11	HOURS: 1351
SUPERVISOR INITIAL: <i>JWC</i>	BADGE 103
	DATE APPROVED: 2/21/11

PITMAN POLICE DEPARTMENT

110 S. BROADWAY PITMAN, NJ 08071

HQ (856) 589-3501 * DISPATCH (856) 589-3500 * FAX (856) 589-5050

NJ ORI# NJ0081500

INVESTIGATION REPORT

receive payments. Comp stated there has been a stop payment placed on these checks thru Aetna. Comp is concerned because there are other clients involved as well. Comp was advised of complaint procedures. Invest will be forwarded to Det. Moore. No further action at this time.

Accused: James D. Dorman DOB [REDACTED] 20 Nursery Ct, Glassboro NJ 08028

OLN/D66133836411564 #856-[REDACTED]

OFFICER SIGNATURE: Ptlm A Carson AC	BADGE NUMBER: 114
DATE OF REPORT: 02/21/11	HOURS: 1351
SUPERVISOR INITIAL: JK	BADGE 123
	DATE APPROVED: 2/21/11



COMPLAINT INFORMATION FORM

Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Defendant's Name: The Wounded Healer, Inc.

Defendant's Address: 8 N. Broadway, 2nd Floor Pitman

Defendant's Phone # (if known): 856-582-0001

Defendant's Date of Birth (if known): _____

Defendant's Driver's License # (if known): _____ State _____

If this is a motor vehicle complaint, list license plate # of other vehicle:
NO State _____

Description of vehicle (if known): _____

Names and addresses of witnesses (use additional paper if necessary):

Dr. Jacqueline Swift
Christian Layne

Your Name (you are the complainant): Christian Layne

Your Address: 8 N. Broadway, 2nd Fl. Pitman

Your Telephone #: 856-~~856-582-0001~~ E-mail: thewoundedhealer@comcast.net

FOR COURT USE ONLY

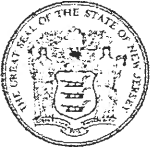
Court Administrator/Deputy Initials: _____ Date: _____

Corresponding complaint #'s: _____

(Every request requires the filing of a complaint.)

November 2010

ATTACHMENT 18



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



PAULA T. DOW
Attorney General

SHARON M. JOYCE
Acting Director

FLAGGING

April 26, 2010

To: Alcohol & Drug Counselor Committee

REF: James D. Dorman

DOB: ██████████

SS#: ██████████

Applicant #: 1012420

As a result of the Flagging System, the following information has been revealed:

1. The above individual was arrested on 04/23/2010 by the Wildwood Crest Police Department for (1) Count 2C:20-4A Theft By Deception, (1) Count 2C:21-1A Forgery, (1) Count 2C:21-1A(3) Forged Writing, (1) Count 2C:21-4.6A Insurance Fraud, (1) Count 2C:28-4B(1) Fictitious Reports, and (1) Count 2C:28-7A(1) Tamper With Public Records. Agency Case # 2010-4767.

Please contact this office at 609-826-7126 if you have any questions.

Sincerely,
Louis J. Krofka, Chief
Criminal History Review Unit (JSL)

Mailing Address:
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184

ATTACHMENT 19

Case No. 10000414

SUPERIOR COURT OF NJ
CAPE MAY COUNTY
CRIMINAL CASE MANAGEMENT
FILED

JULY TERM 2010
MARCH SESSION 2011

JUN 07 2011

SUPERIOR COURT OF NEW JERSEY
CAPE MAY COUNTY
LAW DIVISION
(Criminal)

INDICTMENT NO. 11-06-00353-I

THE STATE OF NEW JERSEY

v.

JAMES D. DORMAN,
Defendant.

Insurance Fraud
NJSA 2C:21-4.6 a
3rd Degree
Theft by Deception
NJSA 2C:20-4
3rd Degree
Motor Vehicle Title Offenses
NJSA 2C:21-4.8(b)(3)
3rd Degree
Forgery
NJSA 2C:21-1a(2)
3rd Degree
Uttering a Forged Document
NJSA 2C:21-1a(3)
3rd Degree

COUNT ONE

The Grand Jurors of the State of New Jersey for the County of Cape May, upon their oaths present that JAMES D. DORMAN, by and between April 4, 2007 and June 12, 2007, in the Borough of Wildwood Crest, County of Cape May aforesaid, and within the jurisdiction of this Court, did commit insurance fraud by making, or causing to be made, a false, fictitious, fraudulent, or misleading statement of material fact in, a claim the said JAMES DORMAN submitted to State Farm Fire and Casualty Company for payment or reimbursement pursuant to an insurance policy; contrary to the provisions of N.J.S.A. 2C:21-4.6a and against the peace of this State, the Government and dignity of the same.

COUNT TWO

The Grand Jurors of the State of New Jersey for the County of Cape May, upon their oaths present that JAMES D. DORMAN, by and between April 4, 2007 and June 12, 2007, in the Borough of Wildwood Crest, in the County of Cape May aforesaid and within the jurisdiction of this Court, did unlawfully and purposely obtain by deception property of State Farm Fire and Casualty Company with a value in excess of \$500.00, with the purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-4, and against the peace of this State, the Government and dignity of the same.

COUNT THREE

The Grand Jurors of the State of New Jersey for the County of Cape May, upon their oaths present that JAMES D. DORMAN, on or about January 22, 2010, in the Township of Middle, in the County of Cape May aforesaid and within the jurisdiction of this Court, did knowingly forge, change or counterfeit a part of title papers, specifically, New Jersey Certificate of Title to a 2005 Bay Boat, Vin # 1 BIYHS 9CSI4 05; contrary to the provisions of N.J.S.A. 2C:21-4.8(b)(3) and against the peace of this State, the government and dignity of the same.

COUNT FOUR

The Grand Jurors of the State of New Jersey, for the County of Cape May, upon their oaths present that JAMES D. DORMAN, on or about January 22, 2010, in the Township of Middle and/or Borough of Wildwood Crest, County of Cape May, and within the jurisdiction of this Court, with purpose to defraud or injure, knowingly did make, complete, execute, authenticate, issue or transfer a writing, namely, a New Jersey Certificate of Title to a 2005 Bay Boat, so that it purported to be the act of Laura Nielsen, who did not authorize said act; contrary to the provisions of N.J.S.A. 2C:21-1a(2), and against the peace of this State, the government and dignity of same.

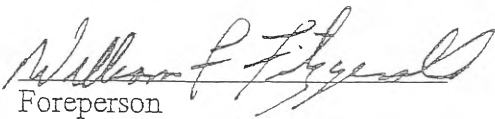
3rd Degree

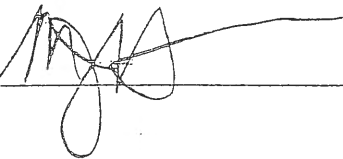
COUNT FIVE

The Grand Jurors of the State of New Jersey for the County of Cape May, upon their oaths present that JAMES D. DORMAN, on or about January 22, 2010, in the Township of Middle, in the County of Cape May aforesaid and within the jurisdiction of this Court, with the purpose to defraud or injure anyone, or with knowledge that he was facilitating a fraud or injury to be perpetrated by anyone, did utter a New Jersey Certificate of Title to a 2005 Bay Boat, knowing same to be made, completed, executed, authenticated, issued or transferred so that it purported to be the act of Laura Nielsen who did not authorize that act; contrary to the provisions of N.J.S.A. 2C:21-1a(3), and against the peace of this State, the Government and dignity of the same.

ENDORSED A TRUE BILL

OFFICE OF THE COUNTY PROSECUTOR
COUNTY OF CAPE MAY


Foreperson

By: 

Date: 6/17/11

3rd Degree

ATTACHMENT 20



New Jersey Judiciary
Plea Form

County Gloucester
Cape May
Prosecutor File Number 56J600-11-6

Defendant's Name: James Dorman
before Judge: Allen Jackson

List the charges to which you are pleading guilty:

Ind./Acc./Comp.#	Count	Nature of Offense	Degree
<u>11-2-19-S</u>	<u>1</u>	<u>Health Care Fraud</u>	<u>2nd</u>
<u>11-6-353-Z1</u>		<u>Insurance Fraud</u>	<u>3rd</u>
<u>11-112</u>			

	Statutory Maximum		
	Time	Fine	VCCO Assmt*
Max	<u>10 years</u>	<u>150,000</u>	<u>50</u>
Max			
Max	<u>5 years</u>	<u>15,000</u>	<u>50</u>
Max			
Max			
Total	<u>15</u>	<u>115,000</u>	<u>100</u>

Your total exposure as the result of this plea is:

Please Circle
Appropriate
Answer

2. a. Did you commit the offense(s) to which you are pleading guilty? [Yes] [No]
- b. Do you understand that before the judge can find you guilty, you will have to tell the judge what you did that makes you guilty of the particular offense(s)? [Yes] [No]
3. Do you understand what the charges mean? [Yes] [No]
4. Do you understand that by pleading guilty you are giving up certain rights? Among them are:
 - a. The right to a jury trial in which the State must prove you guilty beyond a reasonable doubt? [Yes] [No]
 - b. The right to remain silent? [Yes] [No]
 - c. The right to confront the witnesses against you? [Yes] [No]
 - d. Do you understand that by pleading you are not waiving your right to appeal (1) the denial of a motion to suppress physical evidence (R. 3:5-7(d)) or (2) the denial of acceptance into a pretrial intervention program (PTI) (R. 3:28(g))? [Yes] [No]
 - e. Do you further understand that by pleading guilty you are waiving your right to appeal the denial of all other pretrial motions except the following: [Yes] [No]

* Victims of Crime Compensation Office Assessment

5. Do you understand that if you plead guilty:
- a. You will have a criminal record? [Yes] [No]
 - b. Unless the plea agreement provides otherwise, you could be sentenced to serve the maximum time in confinement, to pay the maximum fine and to pay the maximum Victims of Crime Compensation Agency Assessment? [Yes] [No]
 - c. You must pay a minimum Victims of Crime Compensation Agency assessment of \$50 (\$100 minimum if you are convicted of a crime of violence) for each count to which you plead guilty? (Penalty is \$30 if offense occurred between January 9, 1986 and December 22, 1991 inclusive. \$25 if offense occurred before January 1, 1986.) [Yes] [No]
 - d. If the offense occurred on or after February 1, 1993 but was before March 13, 1995, and you are being sentenced to probation or a State correctional facility, you must pay a transaction fee of up to \$1.00 for each occasion when a payment or installment payment is made? If the offense occurred on or after March 13, 1995 and the sentence is to probation, or the sentence otherwise requires payments of financial obligations to the probation division, you must pay a transaction fee of up to \$2.00 for each occasion when a payment or installment payment is made? [Yes] [No]
 - e. If the offense occurred on or after August 2, 1993 you must pay a \$75 Safe Neighborhood Services Fund assessment for each conviction? [Yes] [No]
 - f. If the offense occurred on or after January 5, 1994 and you are being sentenced to probation, you must pay a fee of up to \$25 per month for the term of probation? [Yes] [No]
 - g. If the crime occurred on or after January 9, 1997 you must pay a Law Enforcement Officers Training and Equipment Fund penalty of \$30? [Yes] [No]
 - h. You will be required to provide a DNA sample, which could be used by law enforcement for the investigation of criminal activity, and pay for the cost of testing? [Yes] [No]
 - i. Computer Crime Prevention Fund Penalty, N.J.S.A. 2C:43-3.8 (L. 2009, c. 143). If the crime involves a violation of N.J.S.A. 2C:24-4b(5)(b) (knowingly possessing or knowingly viewing child pornography, N.J.S.A. 2C:34-3 (selling, distributing or exhibiting obscene material to a person under age 18) or an offense involving computer criminal activity in violation of any provision of Title 2C, chapter 20, you will be assessed a mandatory penalty as listed below for each offense for which you pled guilty? [Yes] [No]
 - (1) \$2,000 in the case of a 1st degree crime
 - (2) \$1,000 in the case of a 2nd degree crime
 - (3) \$ 750 in the case of a 3rd degree crime
 - (4) \$ 500 in the case of a 4th degree crime
 - (5) \$ 250 in the case of a disorderly persons or petty disorderly persons offense

Total CCPF Penalty \$ _____

6. Do you understand that the court could, in its discretion, impose a minimum time in confinement to be served before you become eligible for parole, which period could be as long as one half of the period of the custodial sentence imposed? [Yes] [No]

7. Did you enter a plea of guilty to any charges that require a mandatory period of parole ineligibility or a mandatory extended term? [Yes] [No]

a. If you are pleading guilty to such a charge, the minimum mandatory period of parole ineligibility is _____ years and _____ months (fill in the number of years/months) and the maximum period of parole ineligibility can be _____ years and _____ months (fill in the number of years/months) and this period cannot be reduced by good time, work, or minimum custody credits.

b. If you are pleading guilty to such a charge, the minimum mandatory extended term is _____ years and _____ months (fill in the number of years/months) and the maximum mandatory extended term can be _____ years and _____ months (fill in the number of years/months).

8. Are you pleading guilty to a crime that contains a presumption of imprisonment which means that it is almost certain that you will go to state prison? [Yes] [No]

9. Are you presently on probation or parole? [Yes] [No]
a. Do you realize that a guilty plea may result in a violation of your probation or parole? [Yes] [No] [NA]

10. Are you presently serving a custodial sentence on another charge? [Yes] [No]
a. Do you understand that a guilty plea may affect your parole eligibility? [Yes] [No] [NA]

11. Do you understand that if you have plead guilty to, or have been found guilty on other charges, or are presently serving a custodial term and the plea agreement is silent on the issue, the court may require that all sentences be made to run consecutively? [Yes] [No] [NA]

12. List any charges the prosecutor has agreed to recommend for dismissal:

Ind./Acc./Compl.#	Count	Nature of Offense and Degree
		All remaining of both indictments

13. Specify any sentence the prosecutor has agreed to recommend:

3 years N.J.S.P. no parole ineligibility
Defendant to be sentenced as 3rd offender
CLC as to each county
Restitution on both indictments

JAC
RTO

14. Has the prosecutor promised that he or she will **NOT**:
- a. Speak at sentencing? [Yes] [No]
 - b. Seek an extended term of confinement? [Yes] [No]
 - c. Seek a stipulation of parole ineligibility? [Yes] [No]
15. Are you aware that you must pay restitution if the court finds there is a victim who has suffered a loss and if the court finds that you are able or will be able in the future to pay restitution? [Yes] [No] [NA]
16. Do you understand that if you are a public office holder or employee, you can be required to forfeit your office or job by virtue of your plea of guilty? [Yes] [No] [NA]
17. a. Are you a citizen of the United States? [Yes] [No]
- If you have answered "No" to this question, you must answer Questions 17b – 17f. If you have answered "Yes" to this question, proceed to Question 18
- b. Do you understand that if you are not a citizen of the United States, this guilty plea may result in your removal from the United States and/or stop you from being able to legally enter or re-enter the United States? [Yes] [No] N/A
 - c. Do you understand that you have the right to seek individualized advice from an attorney about the effect your guilty plea will have on your immigration status? [Yes] [No] N/A
 - d. Have you discussed with an attorney the potential immigration consequences of your plea? If the answer is "No," proceed to question 17e. If the answer is "Yes," proceed to question 17f. [Yes] [No] N/A
 - e. Would you like the opportunity to do so? [Yes] [No] N/A
 - f. Having been advised of the possible immigration consequences and of your right to seek individualized legal advice on your immigration consequences, do you still wish to plead guilty? [Yes] [No] N/A
18. a. Do you understand that pursuant to the rules of the Interstate Compact for Adult Offender Supervision if you are residing outside the State of New Jersey at the time of sentencing that return to your residence may be delayed pending acceptance of the transfer of your supervision by your state of residence? [Yes] [No] N/A
- b. Do you also understand that pursuant to the same Interstate Compact transfer of your supervision to another state may be denied or restricted by that state at any time after sentencing if that state determines you are required to register as a sex offender in that state or if New Jersey has required you to register as a sex offender? [Yes] [No] N/A
19. Have you discussed with your attorney the legal doctrine of merger? [Yes] [No] [NA]

20. Are you giving up your right at sentence to argue that there are charges you pleaded guilty to for which you cannot be given a separate sentence? [Yes] [No] [NA]

21. List any other promises or representations that have been made by you, the prosecutor, your defense attorney, or anyone else as a part of this plea of guilty:

Waive right to appeal

22. Have any promises other than those mentioned on this form, or any threats, been made in order to cause you to plead guilty? [Yes] [No]

23. a. Do you understand that the judge is not bound by any promises or recommendations of the prosecutor and that the judge has the right to reject the plea before sentencing you and the right to impose a more severe sentence? [Yes] [No]

b. Do you understand that if the judge decides to impose a more severe sentence than recommended by the prosecutor, that you may take back your plea? [Yes] [No]

c. Do you understand that if you are permitted to take back your plea of guilty because of the judge's sentence, that anything you say in furtherance of the guilty plea cannot be used against you at trial? [Yes] [No]

24. Are you satisfied with the advice you have received from your lawyer? [Yes] [No]

25. Do you have any questions concerning this plea? [Yes] [No]

Date 2/14/12

Defendant

Defense Attorney

Prosecutor

[] This plea is the result of the judge's conditional indications of the maximum sentence he or she would impose independent of the prosecutor's recommendation. Accordingly, the "Supplemental Plea Form for Non-Negotiated Pleas" has been completed.

ATTACHMENT 21

ATTACHMENT 21



Judgment of Conviction & Order for Commitment

Superior Court of New Jersey, GLOUCESTER County

State of New Jersey v.

Last Name DORMAN	First Name JAMES	Middle Name
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Also Known As
DOUG DORMAN

Date of Birth 11/11/1956	SBI Number 633276A	Date(s) of Offense
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Date of Arrest 04/23/2010	PROMIS Number 12 000390-001	Date Ind / Acc / Complt Filed 06/07/2011	Original Plea <input type="checkbox"/> Not Guilty <input checked="" type="checkbox"/> Guilty	Date of Original Plea 02/14/2012
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Adjudication By Guilty Plea Jury Trial Verdict Non-Jury Trial Verdict Dismissed / Acquitted Date: 02/14/2012

Original Charges

Ind / Acc / Complt	Count	Description	Statute	Degree
11-06-00353-Z	1	INSURANCE FRAUD	2C:21-4.6A	3
11-06-00353-Z	2	THEFT BY DECEPTION	2C:20-4	3
11-06-00353-Z	3	PURP/KNOWINGLY FORGES, TITLE PAPERS, ETC 3RD	2C:21-4.8B(3)	3
11-06-00353-Z	4	FORGERY-FALSE ISSUE	2C:21-1A(2)	3
11-06-00353-Z	5	FORGERY-UTTER	2C:21-1A(3)	3

Final Charges

Ind / Acc / Complt	Count	Description	Statute	Degree
11-06-00353-Z	1	INSURANCE FRAUD	2C:21-4.6A	3

Sentencing Statement

It is, therefore, on 06/01/2012 ORDERED and ADJUDGED that the defendant is sentenced as follows:
 COUNT 1 - INSURANCE FRAUD - 3RD DEGREE. DEFENDANT IS REMANDED TO THE CUSTODY OF THE COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS FOR A PERIOD OF 3 YEARS FLAT. THIS SENTENCE SHALL RUN CONCURRENT TO SENTENCE UNDER IND. #11-02-00019-S. RESTITUTION PAYABLE IN THE AMOUNT OF \$14,553 TO STATE FARM INSURANCE COMPANY. NO OBJECTION ISP. CTS. 2,3,4&5 OF THIS INDICTMENT ARE DISMISSED. BAIL IS DISCHARGED.

It is further ORDERED that the sheriff deliver the defendant to the appropriate correctional authority.

Total Custodial Term 003 Years 00 Months 000 Days	Institution Name CARE COMMISS/CORR	Total Probation Term 00 Years 00 Months
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DEDR (N.J.S.A. 2C:35-15 and 2C:35-5.11)

A mandatory Drug Enforcement and Demand Reduction (DEDR) penalty is imposed for each count. (Write in number of counts for each degree.)

DEDR penalty reduction granted (N.J.S.A. 2C:35-15a(2))

	Standard	Doubled
1st Degree	_____ @ \$	_____ @ \$
2nd Degree	_____ @ \$	_____ @ \$
3rd Degree	_____ @ \$	_____ @ \$
4th Degree	_____ @ \$	_____ @ \$
DP or Petty DP	_____ @ \$	_____ @ \$

Total DEDR Penalty \$ _____

The court further ORDERS that collection of the DEDR penalty be suspended upon defendant's entry into a residential drug program for the term of the program. (N.J.S.A. 2C:35-15e)

Additional Conditions

- The defendant is hereby ordered to provide a DNA sample and ordered to pay the costs for testing of the sample provided (N.J.S.A. 53:1-20.20).
- The defendant is hereby sentenced to community supervision for life. (If offense occurred before 1/14/04) (N.J.S.A. 2C:43-6.4)
- The defendant is hereby sentenced to parole supervision for life. (If offense occurred on or after 1/14/04) (N.J.S.A. 2C:43-6.4).
- The defendant is hereby ordered to serve a _____ year term of parole supervision, which term shall begin as soon as defendant completes the sentence of incarceration. (N.J.S.A. 2C:43-7.2).
- The court imposes a restraining order pursuant to DORA. (N.J.S.A. 2C:35-5.7(h)). Restraining Order expires _____

Forensic Laboratory Fee (N.J.S.A. 2C:35-20)	Total Lab Fee
_____ Offenses @ \$ _____	\$ _____

VCCA Assessment (N.J.S.A. 2C:43-3.1)

Counts	Number	Amount
1	1 @	\$ 50.00
_____	_____ @	\$ _____
_____	_____ @	\$ _____
_____	_____ @	\$ _____

Total VCCA Assessment \$ 50.00

Findings Per N.J.S.A. 2C:47-3

- The court finds that the defendant's conduct was characterized by a pattern of repetitive and compulsive behavior.
- The court finds that the defendant is amenable to sex offender treatment.
- The court finds that the defendant is willing to participate in sex offender treatment.

Vehicle Theft / Unlawful Taking Penalty (N.J.S.A. 2C:20-2.1)

Offense	Mandatory Penalty
_____	\$ _____

License Suspension

- CDS / Paraphernalia (N.J.S.A. 2C:35-16) Waived
- Auto Theft / Unlawful Taking (N.J.S.A. 2C:20-2.1)
- Eluding (N.J.S.A. 2C:29-2)
- Other _____

Other Fees and Penalties

Law Enforcement Officers Training and Equipment Fund Penalty (N.J.S.A. 2C:43-3.3)	Safe Neighborhood Services Fund Assessment (N.J.S.A. 2C:43-3.2)	
<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> 1 Offenses @ \$ 75.00 Total: \$ 75.00	
Probation Supervision Fee (N.J.S.A. 2C:45-1d)	Statewide Sexual Assault Nurse Examiner Program Penalty (N.J.S.A. 2C:43-3.6)	
<input type="checkbox"/> \$ _____	<input type="checkbox"/> _____ Offenses @ \$ _____ Total \$ _____	
Transaction Fee (N.J.S.A. 2C:46-1.1)	Certain Sexual Offenders Surcharge (N.J.S.A. 2C:43-3.7)	
<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
Domestic Violence Offender Surcharge (N.J.S.A. 2C:25-29.4)	Sex Crime Victim Treatment Fund Penalty (N.J.S.A. 2C:14-10)	
<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
Fine	Restitution	Total Financial Obligation
\$ _____	\$ 14,553.00	\$ 14,678.00

Number of Months	<input type="checkbox"/> Non-resident driving privileges revoked	
Start Date	End Date	
Details		
Driver's License Number	Jurisdiction	
If the court is unable to collect the license, complete the following: Defendant's Address		
City	State	Zip
Date of Birth	Sex	Eye Color
	<input type="checkbox"/> M <input type="checkbox"/> F	

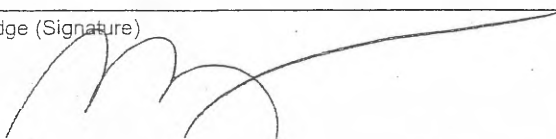
Details

Time Credits		
Time Spent in Custody R. 3:21-8 Date: From - To - - - - - - - - - Total Number of Days _____	Gap Time Spent in Custody N.J.S.A. 2C:44-5b(2) Date: From - To - - - - Total Number of Days _____ Rosado Time Date: From - To - - - - Total Number of Days _____	Prior Service Credit Date: From - To - - - - - - - - Total Number of Days _____

Statement of Reasons - Include all applicable aggravating and mitigating factors

Aggravating Factors: (3) The risk that the defendant will commit another offense; (9) The need for deterring the defendant and others from violating the law.

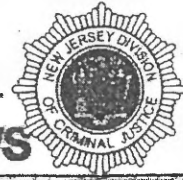
Mitigating Factors: (6) The defendant has compensated or will compensate the victim of his/her conduct for the damage or injury that he sustained, or will participate in a program of community service; (7) The defendant has no history of prior delinquency or criminal activity or has led a law-abiding life for a substantial period of time before the commission of the present offense; (8) The defendant's conduct was the result of circumstances unlikely to recur; (11) The imprisonment of the defendant would entail excessive hardship to himself or his dependants.

Form Prepared By THERESA CARNEYWRIGHT	Preparer Telephone Number (856) 686-7444
Attorney for Defendant at Sentencing RICHARD O'BRIEN	Public Defender <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Prosecutor at Sentencing JAMES CAREY	Deputy Attorney General <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Judge at Sentencing M. CHRISTINE ALLEN-JACKSON	
Judge (Signature) 	Date 6/8/12

ATTACHMENT 22



OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CRIMINAL JUSTICE NEWS



NEW JERSEY DEPARTMENT OF LAW & PUBLIC SAFETY

Jeffrey S. Chiesa, Attorney General

Division of Criminal Justice

Stephen J. Taylor, Director

Office of the Insurance Fraud Prosecutor

Ronald Chillemi, Acting Insurance Fraud Prosecutor

For Immediate Release:

June 1, 2012

For Further Information Contact:

Rachel Goemaat (609) 292-4791

**FORMER SOUTH JERSEY THERAPIST SENTENCED TO PRISON FOR
SUBMITTING FRAUDULENT BILLS FOR SERVICES TO INSURANCE COMPANY**

Also sentenced for filing false theft claims with another insurer

TRENTON - Attorney General Jeffrey S. Chiesa announced that a former South Jersey family and marriage therapist was sentenced to state prison today for engaging in fraudulent billing by submitting approximately \$22,000 in bills to an insurance company for services that he did not provide.

James "Doug" Dorman, 55, of Glassboro, who was a licensed family and marriage therapist, was sentenced to three years in prison by Superior Court Judge Christine Allen-Jackson in Gloucester County. Dorman was also ordered to pay restitution in the amount of \$22,473 to Cigna Behavioral Health Insurance Company. The sentence was based on Dorman's Feb. 14 guilty plea to a charge of second-degree health care claims fraud, which was contained in a Feb. 25, 2011 state grand jury indictment. The indictment also charged him with submitting fraudulent bills to Aetna Insurance Company. He was ordered to pay restitution of \$1,543 to Aetna.

Dorman's license was suspended by the New Jersey Board of Marriage and Family Therapy Examiners in August 2010.

In pleading guilty, Dorman admitted that between Aug. 20, 2004 and March 21, 2006, he fraudulently submitted more than \$22,473 in bills to Cigna Behavioral Health Insurance Company for therapy services. An investigation by the Office of the Insurance Fraud Prosecutor determined that, as a result of the fraud, Dorman received approximately \$22,473 in reimbursements to which he was not entitled.

Dorman was also sentenced today to three years in state prison after pleading guilty on Feb. 14 to a charge of third-degree insurance fraud filed by the Cape May County Prosecutor's Office. The charge was contained in a June 7, 2011 Cape May County grand jury indictment. In pleading guilty to this charge, Dorman admitted that between April 4 and June 12, 2007, he fraudulently submitted a claim for reimbursement for jewelry and watches he claimed were stolen from his home. An investigation determined that the items were not stolen. Dorman received a payment from State Farm Insurance Company in the amount of \$22,278 for the

fraudulent claims. Judge Allen-Jackson ordered Dorman to pay restitution in the amount of \$14,553 to State Farm in connection with the charge, after taking into account that State Farm had recovered some of the funds paid to the defendant as a result of the fraud.

The sentences for the separate cases will run concurrently.

Detective Sergeant Weldon Powell, Civil Investigator Shawn Stewart and Deputy Attorney General James A. Carey, Jr. coordinated the investigation. Carey represented the Office of the Insurance Fraud Prosecutor at the sentencing. Acting Insurance Fraud Prosecutor Ronald Chillemi thanked Susan Roberts, Fraud Specialist from Cigna, and Robin Cizek, R.N., Investigator from Aetna, for their assistance in the investigation. He also thanked Cigna Behavioral Health Insurance Company for referring the matter to the Office of the Insurance Fraud Prosecutor.

Assistant Prosecutor Meghan Hoerner handled the case for the Cape May County Prosecutor's Office.

Acting Insurance Fraud Prosecutor Chillemi noted that some important cases have started with anonymous tips. People who are concerned about insurance cheating and have information about a fraud can report it anonymously by calling the toll-free hotline at 1-877-55-FRAUD, or visiting the Web site at www.NJInsurancefraud.org. State regulations permit a reward to be paid to an eligible person who provides information that leads to an arrest, prosecution and conviction for insurance fraud.

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ATTACHMENT 23



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184

FLAGGING

April 18, 2011

To: Alcohol & Drug Counselor Committee

REF: James D. Dorman

DOB: [REDACTED]

SS#: [REDACTED]

Applicant #: 1012420

As a result of the Flagging System, the following information has been revealed:

1. The above individual was arrested on 04/18/11, by Gloucester County Sheriff's Office, for 2C:21-4.3A, Fraud Health Care Claims, 2C:20-4, Theft by Deception. Agency Case # 0080000.

Please contact this office at 609-826-7126 if you have any questions, concerning the above or dispute any of this information.

Sincerely,
Louis J. Krofka, Chief
Criminal History Review Unit (J.Mc.)

ATTACHMENT 24

FILED

FEB 25 2011

SUPERIOR COURT
CLERK'S OFFICE

RECEIVED

FEB 25 2011

SUPERIOR COURT
CLERK'S OFFICE

<p>SUPERIOR COURT GLOUCESTER COUNTY FILED</p> <p>MAR - 2 2011</p> <p>CRIMINAL CASE MANAGEMENT OFFICE</p>
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SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CRIMINAL

State Grand Jury

Number SGJ600-11-6

Superior Court

Docket Number 11-02-00019-S

STATE OF NEW JERSEY)

v.)

INDICTMENT

JAMES DORMAN)

The Grand Jurors of and for the State of New Jersey, upon their oaths, present that:

COUNT ONE

(Health Care Claims Fraud - Second Degree)

JAMES DORMAN

who is a practitioner, between on or about August 30, 2004, and on or about March 21, 2006, at the Borough of Glassboro, in the County of Gloucester, at the Township of Mantua, in the County of Gloucester, at the Township of Washington, in the County of Gloucester, at the Township of Moorestown, in the County of Burlington, elsewhere, and within the jurisdiction of this Court, did knowingly commit health care claims fraud, in that the said JAMES DORMAN did make or cause to be made false, fictitious, fraudulent, or misleading statement of material fact in, or knowingly did omit material facts from, or did cause material facts to be omitted from any record, bill, claim or other document, in

writing, electronically or in any other form, that he did attempt to submit, submit, cause to be submitted or attempt to cause to be submitted for payment or reimbursement for health care services,

THAT IS, the said JAMES DORMAN, did knowingly make false statements that therapy services were provided to certain patients, whose identities are known to the Grand Jurors, in records that he submitted to Cigna Behavioral Health Insurance Company for payment for therapy services in the amount of approximately \$22,000.00, when in fact such therapy services had not been provided as he claimed, contrary to the provisions of N.J.S.A. 2C:21-4.3a, and against the peace of this State, the government and dignity of the same.

COUNT TWO

(Theft by Deception - Third Degree)

JAMES DORMAN

between on or about August 30, 2004, and on or about March 21, 2006, at the Borough of Glassboro, in the County of Gloucester, at the Township of Mantua, in the County of Gloucester, at the Township of Washington, in the County of Gloucester, at the Township of Moorestown, in the County of Burlington, elsewhere, and within the jurisdiction of this Court, did purposely obtain or attempt to obtain the property of another in excess of \$500 by deception, by creating or reinforcing the false impression that he was entitled to payment for therapy services and treatments he performed,

WHEREAS, IN TRUTH AND IN FACT, as the said JAMES DORMAN well knew, he did not provide therapy services to certain patients, whose identities are known to the Grand Jurors, for which he submitted requests to be paid to Cigna Behavioral Health Insurance Company, and therefore was not entitled to payment for services performed, contrary to the provisions of N.J.S.A. 2C:20-4, and against the peace of this State, the government and dignity of the same.

COUNT THREE

(Health Care Claims Fraud - Second Degree)

JAMES DORMAN

who is a practitioner, between on or about April 14, 2008, and on or about May 15, 2008, at the Borough of Glassboro, in the County of Gloucester, at the Township of Mantua, in the County of Gloucester, at the Township of Washington, in the County of Gloucester, at the Township of Moorestown, in the County of Burlington, elsewhere, and within the jurisdiction of this Court, did knowingly commit health care claims fraud in that the said JAMES DORMAN did make or cause to be made a false, fictitious, fraudulent, or misleading statement of material fact in, or knowingly did omit material facts from, or did cause material facts to be omitted from any record, bill, claim or other document, in writing, electronically or in any other form, that he did attempt to submit, submit, cause to be submitted or attempt to cause to be submitted for payment or reimbursement for health care services,

THAT IS, the said JAMES DORMAN, did knowingly make false statements that therapy services were provided to A.M., whose identity is known to the Grand Jurors, in records that he submitted to Aetna, Inc., for payment for therapy services in the amount of approximately \$1,543.00, when in fact such therapy services had not been provided as he claimed, contrary to the provisions of N.J.S.A. 2C:21-4.3a, and against the peace of this State, the government and

dignity of the same.

COUNT FOUR

(Theft by Deception - Third Degree)

JAMES DORMAN

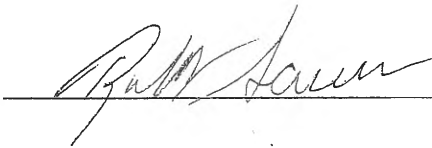
between on or about April 14, 2008, and on or about May 15, 2008, at the Borough of Glassboro, in the County of Gloucester, at the Township of Mantua, in the County of Gloucester, at the Township of Washington, in the County of Gloucester, at the Township of Moorestown, in the County of Burlington, elsewhere, and within the jurisdiction of this Court, did purposely obtain or attempt to obtain the property of another in excess of \$500 by deception, by creating or reinforcing the false impression that he was entitled to payment for therapy services and treatments he performed on patient A.M, whose identity is known to the Grand Jurors,

WHEREAS, IN TRUTH AND IN FACT, as the said JAMES DORMAN well knew, he did not provide therapy services to A.M. for which he submitted requests to be paid to Aetna, Inc., and therefore was not entitled to payment for services performed, contrary to the provisions of N.J.S.A. 2C:20-4, and against the peace of this State, the government and dignity of the same.



Riza Dagli
Acting Insurance Fraud
Prosecutor
Division of Criminal Justice

A TRUE BILL:



Foreperson

Dated: _____

2/25/11

ATTACHMENT 25



Judgment of Conviction & Order for Commitment

Superior Court of New Jersey, GLOUCESTER County

State of New Jersey v.

Last Name DORMAN	First Name JAMES	Middle Name D
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Also Known As
DOUG DORMAN

Date of Birth 11/11/1956	SBI Number 633276A	Date(s) of Offense
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Date of Arrest	PROMIS Number 11 000612-001	Date Ind / Acc / Complt Filed 02/25/2011	Original Plea <input type="checkbox"/> Not Guilty <input checked="" type="checkbox"/> Guilty	Date of Original Plea 02/14/2012
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Adjudication By Guilty Plea Jury Trial Verdict Non-Jury Trial Verdict Dismissed / Acquitted Date: 02/14/2012

Original Charges

Ind / Acc / Complt	Count	Description	Statute	Degree
11-02-00019-S	1	KNOWINGLY COMMIT HEALTH CARE CLAIMS FRAUD	2C:21-4.3A	2
11-02-00019-S	2	THEFT BY DECEPTION	2C:20-4	3
11-02-00019-S	3	KNOWINGLY COMMIT HEALTH CARE CLAIMS FRAUD	2C:21-4.3A	2
11-02-00019-S	4	THEFT BY DECEPTION	2C:20-4	3

Final Charges

Ind / Acc / Complt	Count	Description	Statute	Degree
11-02-00019-S	1	KNOWINGLY COMMIT HEALTH CARE CLAIMS FRAUD	2C:21-4.3A	2

Sentencing Statement

It is, therefore, on 06/01/2012 **ORDERED** and **ADJUDGED** that the defendant is sentenced as follows:
 COUNT 1 - KNOWINGLY COMMIT HEALTH CARE CLAIM FRAUD - 2ND DEGREE SENTENCED AS A 3RD DEGREE. DEFENDANT IS REMANDED TO THE CUSTODY OF THE COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS FOR A PERIOD OF 3 YEARS (FLAT). RESTITUTION PAYABLE IN THE AMOUNT OF \$22,473 TO CIGNA INSURANCE COMPANY; \$1543 PAYABLE TO AETNA INSURANCE COMPANY. ALL MONETARY OBLIGATIONS ARE TO BE COLLECTED THROUGH PAROLE AND/OR DISMISSED (MOP). NO OBJECTION TO ISP. BAIL IS DISCHARGED.

It is further **ORDERED** that the sheriff deliver the defendant to the appropriate correctional authority.

Total Custodial Term 003 Years 00 Months 000 Days	Institution Name CARE COMMISS/CORR	Total Probation Term 00 Years 00 Months
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DEDR (N.J.S.A. 2C:35-15 and 2C:35-5.11)

A mandatory Drug Enforcement and Demand Reduction (DEDR) penalty is imposed for each count. (Write in number of counts for each degree.)

DEDR penalty reduction granted (N.J.S.A. 2C:35-15a(2))

	Standard	Doubled
1st Degree	_____ @ \$	_____ @ \$
2nd Degree	_____ @ \$	_____ @ \$
3rd Degree	_____ @ \$	_____ @ \$
4th Degree	_____ @ \$	_____ @ \$
DP or Petty DP	_____ @ \$	_____ @ \$

Total DEDR Penalty \$ _____

The court further ORDERS that collection of the DEDR penalty be suspended upon defendant's entry into a residential drug program for the term of the program. (N.J.S.A. 2C:35-15e)

Additional Conditions

- The defendant is hereby ordered to provide a DNA sample and ordered to pay the costs for testing of the sample provided (N.J.S.A. 53:1-20.20).
- The defendant is hereby sentenced to community supervision for life. (If offense occurred before 1/14/04) (N.J.S.A. 2C:43-6.4)
- The defendant is hereby sentenced to parole supervision for life. (If offense occurred on or after 1/14/04) (N.J.S.A. 2C:43-6.4).
- The defendant is hereby ordered to serve a _____ year term of parole supervision, which term shall begin as soon as defendant completes the sentence of incarceration. (N.J.S.A. 2C:43-7.2).
- The court imposes a restraining order pursuant to DORA. (N.J.S.A. 2C:35-5.7(h)). Restraining Order expires _____

Forensic Laboratory Fee (N.J.S.A. 2C:35-20)

Total Lab Fee

Offenses @ \$ _____

\$ _____

VCCA Assessment (N.J.S.A. 2C:43-3.1)

Counts	Number	Amount
1	1 @	\$ 50.00
	@	\$ _____
	@	\$ _____
	@	\$ _____

Total VCCA Assessment \$ 50.00

Findings Per N.J.S.A. 2C:47-3

- The court finds that the defendant's conduct was characterized by a pattern of repetitive and compulsive behavior.
- The court finds that the defendant is amenable to sex offender treatment.
- The court finds that the defendant is willing to participate in sex offender treatment.

Vehicle Theft / Unlawful Taking Penalty (N.J.S.A. 2C:20-2.1)

Offense	Mandatory Penalty
	\$ _____

License Suspension

- CDS / Paraphernalia (N.J.S.A. 2C:35-16) Waived
- Auto Theft / Unlawful Taking (N.J.S.A. 2C:20-2.1)
- Eluding (N.J.S.A. 2C:29-2)
- Other _____

Other Fees and Penalties

Law Enforcement Officers Training and Equipment Fund Penalty (N.J.S.A. 2C:43-3.3)	Safe Neighborhood Services Fund Assessment (N.J.S.A. 2C:43-3.2)
<input checked="" type="checkbox"/> \$ 30.00	<input checked="" type="checkbox"/> 1 Offenses @ \$ 75.00 Total: \$ 75.00

Probation Supervision Fee (N.J.S.A. 2C:45-1d)	Statewide Sexual Assault Nurse Examiner Program Penalty (N.J.S.A. 2C:43-3.6)
<input type="checkbox"/> \$ _____	<input type="checkbox"/> _____ Offenses @ \$ _____ Total \$ _____

Transaction Fee (N.J.S.A. 2C:46-1.1)	Certain Sexual Offenders Surcharge (N.J.S.A. 2C:43-3.7)
<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Domestic Violence Offender Surcharge (N.J.S.A. 2C:25-29.4)	Sex Crime Victim Treatment Fund Penalty (N.J.S.A. 2C:14-10)
<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Fine	Restitution	Total Financial Obligation
\$ _____	\$ 24,016.00	\$ 24,171.00

Number of Months	<input type="checkbox"/> Non-resident driving privileges revoked
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Start Date	End Date
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Details

Driver's License Number	Jurisdiction
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If the court is unable to collect the license, complete the following:
Defendant's Address

City	State	Zip
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Date of Birth	Sex	Eye Color
	<input type="checkbox"/> M <input type="checkbox"/> F	

Details

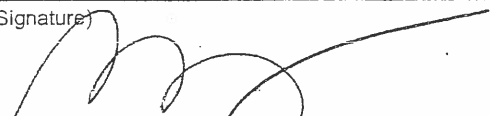
Time Credits

Time Spent in Custody R. 3:21-8 Date: From - To - - - - - - - - Total Number of Days _____	Gap Time Spent in Custody N.J.S.A. 2C:44-5b(2) Date: From - To - - - Total Number of Days _____ Rosado Time Date: From - To - - - Total Number of Days _____	Prior Service Credit Date: From - To - - - - - - - Total Number of Days _____
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Statement of Reasons - Include all applicable aggravating and mitigating factors

Aggravating Factors: (3) The risk that the defendant will commit another offense; (9) The need for deterring the defendant and others from violating the law.

Mitigating Factors: (6) The defendant has compensated or will compensate the victim of his/her conduct for the damage or injury that he sustained, or will participate in a program of community service; (7) The defendant has no history of prior delinquency or criminal activity or has led a law-abiding life for a substantial period of time before the commission of the present offense; (8) The defendant's conduct was the result of circumstances unlikely to recur; (11) The imprisonment of the defendant would entail excessive hardship to himself or his dependants.

Form Prepared By THERESA CARNEYWRIGHT	Preparer Telephone Number (856) 686-7444
Attorney for Defendant at Sentencing RICHARD OBRIEN	Public Defender <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Prosecutor at Sentencing JAMES CAREY	Deputy Attorney General <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Judge at Sentencing M. CHRISTINE ALLEN-JACKSON	
Judge (Signature) 	Date 6/8/12