

## INJUNCTION: INITIAL REPORT

NPDB

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Public Burden Statement ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

**Public Burden Statement:** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in [Sections 60.17, 60.18, and 60.21](#). Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Close

Home Address/Address of Record

## INJUNCTION: INITIAL REPORT

## 1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

[Need Help ?](#)

## Personal Information

**Last Name** **First Name** **Middle Name** **Suffix (Jr, III)**

SMITH

[+ Additional name \(e.g., maiden name\)](#)

## Gender

Male  Female  Unknown

## Birthdate

MM / DD / YYYY

## Is this person deceased?

No  Yes  Unknown

## Practitioner's Address

## Type of Address

If the home address is not known, enter a work address.

## Home Address/Address of Record

## Country

United States

**Address** [Entering a military address?](#)

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP



## Work Information

Use our information as the practitioner's work information.

## Organization Name

## Organization Type

## Work Address

## Country

United States

**Address** [Entering a military address?](#)

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP



## Profession and Licensure

## Against which license or certification was the action taken?

## Profession or Field of Licensure

## Description (Optional)

## Does the subject have a license for the selected profession or field of licensure?

Yes  No/Not sure

## State

CHOOSE ONE FROM LIST

## License Number

## Identification Numbers

## SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

[+ Additional SSN or ITIN](#)

## NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

[+ Additional NPI](#)

## DEA (Drug Enforcement Administration) Number

[+ Additional DEA](#)

Does the subject have a FEIN or UPIN identification number?

## FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

## UPIN (Unique Physician Identification Number)

[+ Additional UPIN](#)

## Health Care Entity Affiliation

Is the practitioner affiliated with a health care entity?

## Type of Affiliation

CHOOSE ONE FROM LIST

## Entity Name

## Country

United States

**Address** [Entering a military address?](#)

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP


[+ Additional Affiliate](#)

Add this subject to my subject database

[What is a subject database?](#)
[Save and finish later](#)
[Continue to next step](#)

## 2. Action Information

## 3. Certifier Information

[Return to Options](#)



## What type of license are you reporting?

Search

### Recently Used

Occupational Therapist ✖

### Behavioral Health Occupations

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

### Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

### Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

### Health Care Facility Administrator

Health Care Facility Administrator

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[Report a different license](#)

## INJUNCTION: INITIAL REPORT

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## 1. Subject Information

Edit

## 2. Action Information

## Adverse Action Information

## Jurisdiction

 Federal  State/Local

## Venue (Court Name)

## City

## State

CHOOSE ONE FROM LIST 

## Docket or Court File Number

## Prosecuting Agency or Civil Plaintiff

## Case Number

## Name of Investigating Agency

## Case Number

[+ Additional investigating agency](#)

## Statute Title and Section

## Statutory Offense

## Counts

[+ Additional statutory offense](#)

## Act or Omission Information

## Act or Omission

## Description

[+ Additional act or omission](#)

## Describe the subject's acts or omissions and reason the action was taken.

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your [narrative description](#) helps querying organizations understand more about the action and why it was taken.

There are 4000 characters remaining for the description.

Spell Check

## Sentence/Judgment Information

## Date of Sentence or Judgment

## Is the action on appeal?

 Yes  No  Unknown

## Date of Appeal

## Amount of Restitution

\$ 

## Other Amount Ordered

\$ 

## Sentence or Judgment

## Years

## Months

## Days

+

## Other Court Orders

[+ Additional sentence or judgment](#)

## Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queries.

## Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

## Customer Use

Save and finish later

Continue to next step

## 3. Certifier Information

Return to Options



## Select an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

**Search**

### Billing/Cost Reporting

Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services

### Patient Care/Property

Failure To Provide Medically Necessary Care
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[Don't see what you're looking for?](#)



## INJUNCTION: INITIAL REPORT

NPDB

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1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information [Edit](#)

Subject Name: SMITH, JOHN  
 Other Name(s) Used: None/NA  
 Gender: UNKNOWN  
 Date of Birth: 01/01/1960  
 Organization Name: None/NA  
 Work Address: None/NA  
 City, State, ZIP: None/NA  
 Organization Type: None/NA  
 Home Address: 55 TEST ST  
 City, State, ZIP: TEST CITY, ST 11111  
 Deceased: UNKNOWN  
 Federal Employer Identification Numbers (FEIN): None/NA  
 Social Security Numbers (SSN): \*\*\*-\*\*-6778  
 Individual Taxpayer Identification Numbers (ITIN): None/NA  
 National Provider Identifiers (NPI): None/NA  
 Occupation/Field of Licensure: OCCUPATIONAL THERAPIST  
 State License Number, State of Licensure: 11111, ST  
 Drug Enforcement Administration (DEA) Numbers: None/NA  
 Unique Physician Identification Numbers (UPIN): None/NA  
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action): None/NA  
 Business Address of Affiliate: None/NA  
 City, State, ZIP: TEST CITY, ST 11111  
 Nature of Relationship(s): None/NA

Action Information [Edit](#)

Venue (Court): STATE COURT  
 Jurisdiction: STATE/LOCAL COURT  
 City, State of Court: TEST CITY, ST  
 Docket/Court File Number: 11111  
 Prosecuting Agency or Civil Plaintiff: STATE AGENCY  
 Case Number Used by Prosecuting Agency: None/NA  
 Type of Action: INJUNCTION (50)  
 Investigating Agency (Agencies): None/NA  
 Case Number(s) Used by Investigating Agency (Agencies): None/NA  
 Statutory Offense(s) and Count(s): None/NA  
 Act or Omission Code(s): OTHER ACT/OMISSION NOT CLASSIFIED, (SPECIFY) (999)  
 Other Description: OTHER DESCRIPTION  
 Narrative Description of Act(s) or Omission(s): Test narrative  
 Date of Judgment/Sentence: 02/01/2020

## Judgment/Sentence

Amount of Restitution: None/NA  
 Other Amount Ordered: None/NA  
 Incarceration: Years:            Months:            Days:  
 Suspended Sentence: Years:            Months:            Days:  
 Home Detention: Years:            Months:            Days:  
 Probation: Years: 1            Months:            Days:  
 Community Service: Hours:  
 Other: None/NA  
 Is the action on appeal?: UNKNOWN

## Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

## Authorized Submitter's Name

TEST

## Authorized Submitter's Title

TEST

## Authorized Submitter's Phone

7777777777

## Ext.

## WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Return to Options

## INJUNCTION: INITIAL REPORT

[Privacy Policy](#)

OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Public Burden Statement ✕

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Close

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## 1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

[Need Help ?](#)

## Organization Information

## Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).  
- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

[+ Additional name](#)

## Organization Type

## Organization Description

## Location Address

Enter the physical address for this location.

## Country

Address Entering a military address?


## Address Line 2

## City

## State

## ZIP

## Principal Officers and Owners

## Title

## Last Name

## First Name

## Middle Name

## Suffix (Jr, III)

[+ Additional principal officer or owner](#)

## Identification Numbers

## NPI (National Provider Identifier)

To help queriers find your report, add the organization's NPI number if you know it.

[+ Additional NPI](#)

## FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

## SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

[+ Additional SSN or ITIN](#)

## DEA (Drug Enforcement Administration) Number

[+ Additional DEA](#)

## MPN/MSN (Medicare Provider/Supplier Number)

[+ Additional MPN/MSN](#)

## Organization State Licensure Information

## License 1

## Does the organization have a license?

 Yes  No/Not sure

## License Number

## State

[+ Additional license](#)

## Health Care Entity Affiliation

 Is the organization affiliated with a health care entity?

## Type of Affiliation

## Entity Name

## Country

Address Entering a military address?


## Address Line 2

## City

## State

## ZIP

[+ Additional Affiliate](#)
 Add this subject to my subject database

[What is a subject database?](#)



## 2. Action Information

## 3. Certifier Information



## INJUNCTION: INITIAL REPORT

## 1. Subject Information

Edit

## 2. Action Information

## Adverse Action Information

## Jurisdiction

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## Venue (Court Name)

## City

## State

CHOOSE ONE FROM LIST

## Docket or Court File Number

## Prosecuting Agency or Civil Plaintiff

## Case Number

## Name of Investigating Agency

## Case Number

[+ Additional investigating agency](#)

## Statute Title and Section

## Statutory Offense

## Counts

[+ Additional statutory offense](#)

## Act or Omission Information

## Act or Omission

## Description

[+ Additional act or omission](#)

## Describe the subject's acts or omissions and reason the action was taken.

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There are 4000 characters remaining for the description.

Spell Check

## Sentence/Judgment Information

## Date of Sentence or Judgment

## Is the action on appeal?

 Yes  No  Unknown

## Date of Appeal

## Amount of Restitution

\$ 

## Other Amount Ordered

\$ 

## Sentence or Judgment

## Years

## Months

## Days

+

## Other Court Orders

[+ Additional sentence or judgment](#)

## Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

## Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

## Customer Use

Save and finish later

Continue to next step

## 3. Certifier Information

Return to Options



## Select an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

**Search**

### Billing/Cost Reporting

Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services

### Patient Care/Property

Failure To Provide Medically Necessary Care
---

[Don't see what you're looking for?](#)



## INJUNCTION: INITIAL REPORT

1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

**Subject Information** [Edit](#)

Organization Name: TEST ENTITY

Other Organization Name(s) Used: None/NA

Business Address: 55 TEST ST

City, State, ZIP: TEST CITY, ST 11111

Organization Type: HOME HEALTH AGENCY/ORGANIZATION (393)

Names and Titles of Principal Officers and Owners

(POO): LAST, FIRST (TEST)

Federal Employer Identification Numbers (FEIN): None/NA

Social Security Numbers (SSN): \*\*\*-\*\*-6666

Individual Taxpayer Identification Numbers (ITIN): None/NA

State License Number, State of Licensure: 1111, ST

Drug Enforcement Administration (DEA) Numbers: None/NA

National Provider Identifiers (NPI): None/NA

Medicare Provider/Supplier Numbers: None/NA

Name(s) of Health Care Entity (Entities) With Which

Subject Is Affiliated or Associated (Inclusion Does

Not Imply Complicity in the Reported Action):

None/NA

Business Address of Affiliate: None/NA

City, State, ZIP: TEST CITY, ST 11111

Nature of Relationship(s): None/NA

**Action Information** [Edit](#)

Venue (Court): TEST ENTITY

Jurisdiction: STATE/LOCAL COURT

City, State of Court: TEST CITY, ST

Docket/Court File Number: 11111

Prosecuting Agency or Civil Plaintiff: TEST AGENCY

Case Number Used by Prosecuting Agency: None/NA

Type of Action: INJUNCTION (50)

Investigating Agency (Agencies): None/NA

Case Number(s) Used by Investigating

Agency (Agencies): None/NA

Statutory Offense(s) and Count(s): None/NA

Act or Omission Code(s): BILLING FOR MEDICALLY UNNECESSARY

SERVICES (310)

Narrative Description of Act(s) or Omission(s): Test narrative

Date of Judgment/Sentence: 02/01/2020

**Judgment/Sentence**

Amount of Restitution: None/NA

Other Amount Ordered: None/NA

Suspended Sentence: Years: 1 Months: Days:

Probation: Years: Months: Days:

Community Service: Hours:

Other: None/NA

Is the action on appeal?: UNKNOWN

**Certification**

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

**Authorized Submitter's Name**

TEST

**Authorized Submitter's Title**

TEST

**Authorized Submitter's Phone**

7777777777

**Ext.****WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Return to Options

## Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date or Death	Injunction (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Injunction (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Injunction (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that requires a description.	"Specialty" is displayed in place of "Specialty" if the selected profession or field of licensure requires specialty information.
Description	Injunction (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Description" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Injunction (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed in the individual report form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

<b>Label</b>	<b>PDF Name (step)</b>	<b>Location</b>	<b>Response Input Item</b>	<b>Visibility Trigger</b>	<b>Other</b>
UPIN (Unique Physician Identification Numbers)	Injunction (1)	Below FEIN text entry	Text Entry	The field is displayed in the individual report form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
FDA (Federal Food and Drug Administration)	Injunction (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Injunction (1)	Below text entry FDA (Federal Food and Drug Administration)	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.
Type of Affiliation	Injunction (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Entity Name	Injunction (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Country	Injunction (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
Address	Injunction (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address Line 2	Injunction (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
City	Injunction (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
State	Injunction (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
ZIP	Injunction (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
Description	Injunction (2)	Below "Act or Omission"	Text Entry	The field is displayed if the user selects an act or omission that requires a description.	
Date of Appeal	Injunction (2)	Below "Is the Action on Appeal"	Text Entry	The field is displayed if the user selects the "Yes?" radio button for "Is the Action on Appeal?"	



<b>Label</b>	<b>PDF Name (step)</b>	<b>Location</b>	<b>Response Input Item</b>	<b>Visibility Trigger</b>	<b>Other</b>
Years	Injunction (2)	Beside Sentence of Judgment drop list	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Months	Injunction (2)	Beside Years	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Days	Injunction (2)	Beside Months	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Hours	Injunction (2)	Beside Months	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe applies, then an Hours drop list is displayed.

## State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Injunction	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Profession or Field of Licensure	Injunction	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Other Name for Occupation	Injunction	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Injunction	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?" For organization reports, the label is "Does the organization have a license?"
Select an Act or Omission	Injunction	Modal	When the user sets focus on the Act or Omission text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific act or select an act from the list without searching. The modal is hidden once the user selects an act from the list. The user's selection populates the Act or Omission text entry.