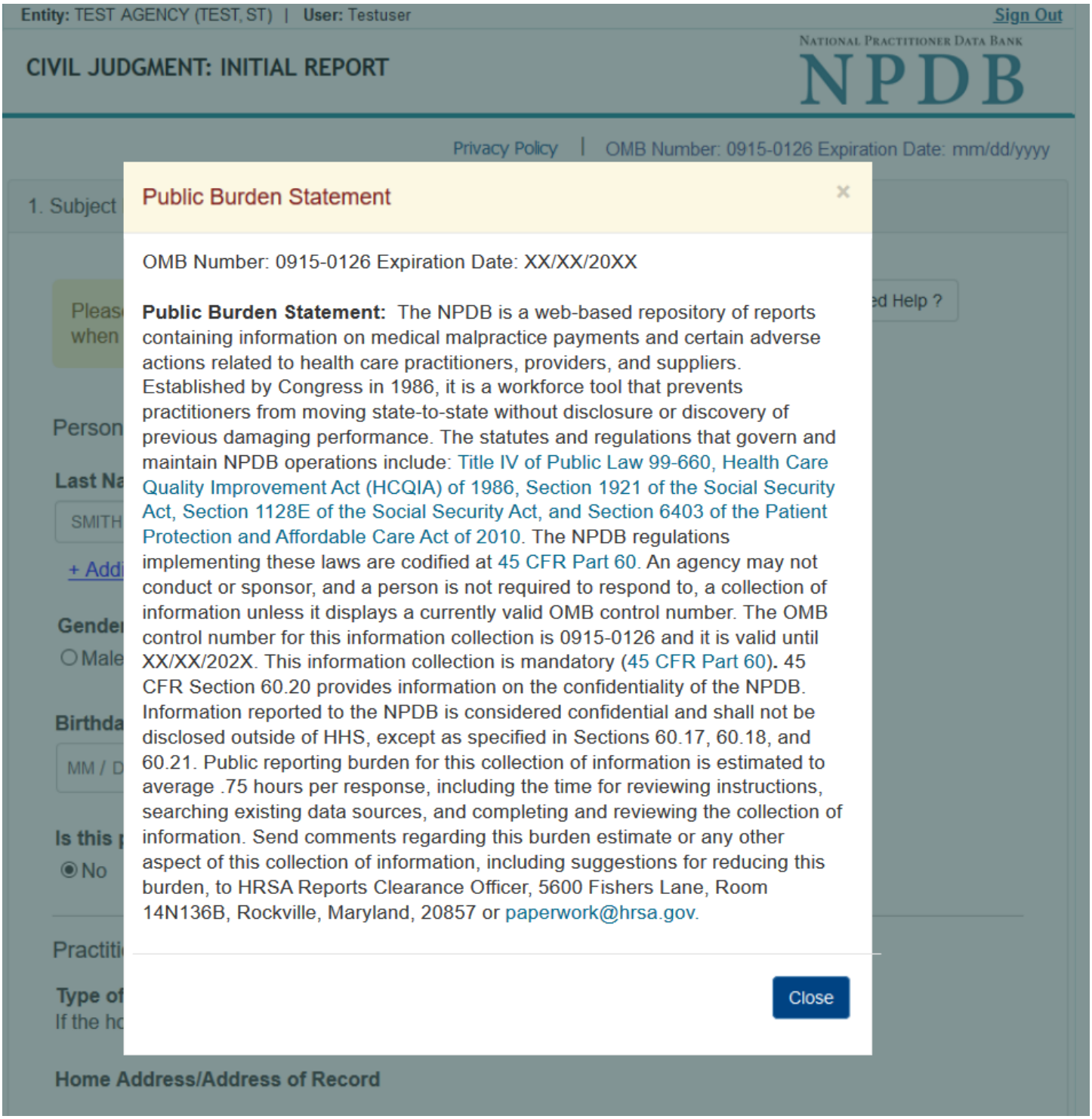
Entity: TEST AGENCY (TEST, ST) | User: Testuser
Sign Out
CIVIL JUDGMENT: INITIAL REPORT
NATIONAL PRACTITIONER DATA BANK
NPDB
Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy
1. Subject
Public Burden Statement
OMB Number: 0915-0126 Expiration Date: XX/XX/20XX
Public Burden Statement: 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.
Close
Home Address/Address of Record

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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 SMITH
First Name
Middle Name
Suffix (Jr, III)

+ 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
☐ Check here if the practitioner's work information is the same as your organization.

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 type of professional license was the action primarily 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 How to report an unlicensed individual

State CHOOSE ONE FROM LIST
License Number

Add any other health care licenses the individual holds
+ Additional license

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

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

Report a different license

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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

Other Act/omission Not Classified, (specify)

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

MM / DD / YYYY

Is the action on appeal?

◉ Yes ○ No ○ Unknown

Date of Appeal

MM / DD / YYYY

Amount of Restitution **Other Amount Ordered**

$ 00000.00 $ 00000.00

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

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?

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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:	CIVIL JUDGMENT (40)
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 **Ext.**

7777777777

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

Return to Options

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

1. Subject

Pleas
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ed Help ?

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Organiz

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y #123).
me (DBA).

TEST

+ Addi

Organiz

999 Ot

Organiz

Locatio

Enter th

Country

United States

Address Entering a military address?

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.

Close

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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).

TEST ENTITY

+ Additional name

Organization Type

999 Other Type - Not Classified, Specify

Organization Description

Location Address

Enter the physical address for this location.

Country

United States

Address Entering a military address?

Address Line 2

City **State**

CHOOSE ONE FROM LIST

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**

CHOOSE ONE FROM LIST

+ Additional license

Health Care Entity Affiliation

☑ Is the organization 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

2. Action Information

3. Certifier Information

Return to Options

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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

Other Act/omission Not Classified, (specify)

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.

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

MM / DD / YYYY

Is the action on appeal?

◉ Yes ○ No ○ Unknown

Date of Appeal

MM / DD / YYYY

Amount of Restitution

$ 00000.00

Other Amount Ordered

$ 00000.00

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

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?

CIVIL JUDGMENT: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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 DR
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
Nature of Relationship(s):	*None/NA*

Action Information Edit

Venue (Court):	TEST COURT
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:	CIVIL JUDGMENT (40)
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 **Ext.**

7777777777

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

Return to Options

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Civil Judgment (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	Civil Judgment (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Civil Judgment (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 “Description“ if the selected profession or field of licensure requires specialty information.
Description	Civil Judgment (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
FEIN (Federal Employer Identification Number)	Civil Judgment (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.
UPIN (Unique Physician Identification Numbers)	Civil Judgment (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)	Civil Judgment (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)	Civil Judgment (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Type of Affiliation	Civil Judgment (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.
Entity Name	Civil Judgment (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	Civil Judgment (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?”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address	Civil Judgment (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?”
Address Line 2	Civil Judgment (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?”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
City	Civil Judgment (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?”
State	Civil Judgment (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?”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
ZIP	Civil Judgment (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	Civil Judgment (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	Civil Judgment (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?"	
Years	Civil Judgment (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Months	Civil Judgment (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	Civil Judgment (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	Civil Judgment (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	Civil Judgment	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Profession or Field of Licensure	Civil Judgment	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	Civil Judgment	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Civil Judgment	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	Civil Judgment	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.