

January 31, 2017

Hearing Request
Acting Administrative Director
Division of Workers Compensation
1515 Clay Street, Suite 1800
Oakland, CA 94612

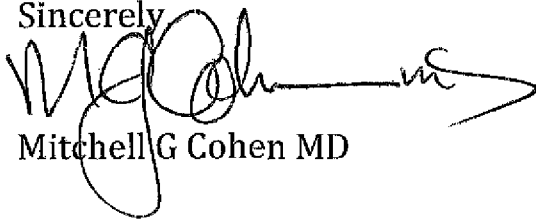
To whom it may concern,

I would like to request a hearing in regards to my situation and the suspension from the participation in the workers comp system. At this point in time, there has not been a formal conviction, and the case is ongoing. I have a plea agreement where I pled guilty to one count of filing a false tax return. The falsity was the fact that I misstated income. However, I was not asked to, nor did I plead guilty to mistreating patients in any way. This never affected the quality of my patient care. After I presented the facts of my case to all of my hospitals not one of them took away my privileges because they all agreed that this was more of a tax issue and not a patient care issue.

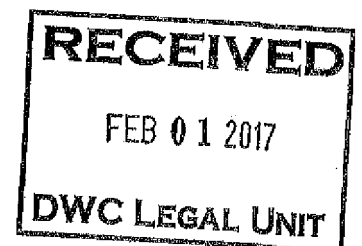
I continue to have my full medical license privileges without any restrictions. Also, I continue to be fully board certified in Orthopedics.

Therefore, I would appreciate being able to discuss and present my case at a formal hearing.

Sincerely

A handwritten signature in black ink, appearing to read 'MG Cohen', with a long horizontal flourish extending to the right.

Mitchell G Cohen MD



Proof Of Service By Mail

I declare that: Mitchell G Cohen

I am (resident of/employed in) the county of Orange California. I am over the age of eighteen years, my (business/residence) address is:
13442 Spectrum Irvine CA 92618

On January 31, 2017, I served the attached letter on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at Irvine CA addressed as follows Hearing Request

Acting Administrative Director Workers' Compensation, 1515 Clay Street, Suite 1800, Oakland CA

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) January 31, at Irvine California.

Type or print name Mitchell G Cohen MD

Signature 