SECTION A: APPLICANT INFORMATION

1 You must print your **Legal Name** below

First:	Middle:	Last Name:
TYRONE	CECIL	MALLOY

List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate:

2 Address:

Street/PO/Route: 375 RALPH McGILL BOULEVARD, N.E. UNIT 1707

City:	State or Country:	Zip:
ATLANTA	GA	30312

3 [redacted]

4 If you are not a U.S. Citizen, list your A# or I-94#:

Alien Registration Number ("A#"):

I-94 #

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

5 Date of Birth (Month/Day/Year): MARCH 2, 1949

Place of Birth (City/State or COUNTRY): BROOKLYN NEW YORK

6 Phone #: 404-630-5573

Additional Phone #: (optional – Authorized Credentialing Partner)

E-Mail Address: tycmalmed@gmail.com

E-Mail Address: (optional – Authorized Credentialing Partner)

7 Have you ever been denied the right to take a license examination in any State?

Yes ☐ No ☒ If yes, explain:

8 ☐ Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

SECTION B – EXAMINATION

☒ I have requested that an official copy of my score reports for any and all of the national examinations that I have taken (check ALL that apply) be sent to your office:

Application by Examination:

☐ USMLE ☐ NBME ☒ FLEX ☐ NBOME ☐ LMCC

☐ Combination of USMLE/FLEX ☐ Combination of USMLE/NBME

Application Based on License in Another State or Territory of the United States:

☐ State Exam (list state) ☐ I have requested a copy of my state examination from that Board

Foreign medical graduates must indicate their ECFMG number:

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NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

11/2021

License to Practice Medicine

☒ Medicine and Surgery

☐ Osteopathic Medicine and Surgery

Application

Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
Phone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license fee **is waived**. **Check only ONE waiver:**

☐ **Young Worker:** I am under 26 years old.

☐ **Low-income Individual:**

- ☐ I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
- ☐ My household adjusted gross income is below 130% of the federal income poverty guideline.

☐ **Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. PLEASE NOTE: The initial license fee can be waived, BUT the Patient Safety fee listed below CANNOT be waived.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Review the following chart to determine the fee required based on the month and year in which your license **will be issued:**

Medicine and Surgery/ Osteopathic Medicine and Surgery:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	$300	$300	$300	$75	$75	$75	$75	$75	$300	$300	$300	$300
Odd Numbered Year	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300

Medicine and Surgery, Osteopathic Medicine and Surgery licenses expire 10/01 of even-numbered years

EFFECTIVE JANUARY 1, 2020 ADDITIONAL FEES FOR APPLICANTS FOR THE INITIAL ISSUANCE AS A PHYSICIAN OR AN OSTEOPATHIC PHYSICIAN UNDER THE MEDICINE AND SURGERY PRACTICE ACT SHALL PAY A PATIENT SAFETY FEE OF FIFTY DOLLARS ($50.00). PLEASE ADD THE $50.00 FEE TO THE AMOUNT LISTED IN THE CHART ABOVE.

Pay by check or money order to: **Licensure Unit**
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION C – EDUCATION: List in chronological order, beginning with high school and ending with medical school, the name and location of all institutions attended. List the diplomas or certificates earned and dates received for all preliminary (high school), pre-medical education and medical education. (Attach additional pages if necessary).

PRELIMINARY AND PRE-MEDICAL EDUCATION

NAME OF HIGH SCHOOL	BROOKLYN TECHNICAL HIGH SCHOOL
City/State/Country	BROOKLYN, N.Y.
Diploma/Certificate	DIPLOMA
Date: (MO/YR)	JUNE 1966
NAME OF PRE-MEDICAL COLLEGE	HOWARD UNIVERSITY
City/State/Country	WASHINGTON, D.C.
Diploma/Certificate	
Date: (MO/YR)	SEP 1966 THRU FEB 1969
NAME OF PRE-MEDICAL COLLEGE	NEW YORK UNIVERSITY
City/State/Country	BRONX, N.Y.
Diploma/Certificate	B.A. BIOLOGY
Date: (MO/YR)	FEB 1971

MEDICAL EDUCATION

NAME OF MEDICAL SCHOOL	JOHNS HOPKINS UNIV. SCHOOL OF MEDICINE
City/State/Country	BALTIMORE, MARYLAND
Attended	From (M/D/Y): 9/5/1971 To (M/D/Y): 5/30/1975
Degree Conferred	M.D. Date Conferred (M/D/Y): 5/30/1975
NAME OF MEDICAL SCHOOL	
City/State/Country	
Attended	From (M/D/Y): To (M/D/Y):
Degree Conferred	Date Conferred (M/D/Y):

SECTION D- POST-GRADUATE MEDICAL EDUCATION: Indicate whether service was Internship, Residency or Fellowship.

Name of Institution	WALTER REED ARMY MEDICAL CENTER
Name of Specialty	ROTATING ☒ Internship ☐ Residency ☐ Fellowship
City/State/Country	WASHINGTON, D.C.
Attended From:	(M/D/Y) JULY 1 1975
Attended To:	(M/D/Y) JUNE 30 1976
Name of Institution	WALTER REED ARMY MEDICAL CENTER
Name of Specialty	OB/GYN ☐ Internship ☒ Residency ☐ Fellowship
City/State/Country	WASHINGTON, D.C.
Attended From:	(M/D/Y) JULY 1, 1976
Attended To:	(M/D/Y) JUNE 30, 1979
Name of Institution	
Name of Specialty	☐ Internship ☐ Residency ☐ Fellowship
City/State/Country	
Attended From:	(M/D/Y)
Attended To:	(M/D/Y)
Name of Institution	
Name of Specialty	☐ Internship ☐ Residency ☐ Fellowship
City/State/Country	
Attended From:	(M/D/Y)
Attended To:	(M/D/Y)

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION E – COMPETENCY: Indicate that, within the three years immediately preceding the application for licensure, you have met **ONE** of the following:	
☒	**I have been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year.**
☐	**I have had at least one year of approved graduate medical education.**
☐	**I have completed continuing medical education.** Submit proof of attendance at continuing education, as well as information about the content for Board approval. *See below*
☐	**I have completed a refresher course in medicine and surgery.** Submit proof of attendance at a refresher course, as well as information about the content for Board approval. *See below*
☐	**I have completed a special purposes examination.** Have your score sent directly to this office for Board approval. *See below*

*Neb. Rev. Stat. 38-2026(4) states that an applicant for a license in medicine and surgery must present proof satisfactory to the Department that he or she, within the three years immediately preceding the application for licensure, (a) has been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year, (b) has had at least one year of graduate medical education, (c) has completed continuing education in medicine and surgery approved by the board, (d) has completed a refresher course in medicine and surgery approved by the board, or (e) has completed the special purposes examination approved by the board.

Be advised that the Board of Medicine and Surgery **does not routinely accept continuing education or the special purposes examination alone as acceptable to meet the experience requirement in the absence of recent practice or other evidence of continued competency.**

Neb. Rev. Stat. 38-2026.01 gives the Department, with the recommendation of the Board, authority to issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing of an application for a license or who has not otherwise maintained continued competency during such period as determined by the Board.

Following is the website to the Statutes Relating to Medicine and Surgery where you can read the complete language regarding the reentry license. https://dhhs.ne.gov/publichealth/Documents/Medicine%20and%20Surgery.pdfThe Board of Medicine and Surgery will review applications for a license, either initial application or reinstatement of license, which do not clearly meet the requirements for experience (continued competency) as outlined in the statutes listed above. The Board will make a recommendation to the Department to either issue the license, deny the application or offer a reentry license to the applicant. (This assumes there are no matters whereby discipline would be appropriate.) **Please be aware, that if a reentry license is decided upon by the Board and Department, the process would be that the application be denied if the applicant does not accept the reentry license.**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	02-10-2021

MALLOY, TYRONE CECIL
OLD NATIONAL GYNECOLOGY/ATLANTA CENTER FOR WO
6210 OLD NATIONAL HWY
COLLEGE PARK, GA 30349-4330

Tyrone Cecil Malloy, MD

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

SECTION F - PROFESSIONAL ACTIVITIES: List in chronological order all of your medical activities for the last ten years, or since graduation from medical college if less than ten years ago to present. Also list all periods of non-professional activity or employment for periods of non-medical activity of more than three months. Please account for all time and explain all gaps of more than three months. (Attach additional pages if necessary). This information must be completed below. **Do not attach CV or other work history forms. Do not put work/employment – be specific.**

From: Month/Year	OCTOBER 2017	To: Month/Year	PRESENT - JUNE 2023
Name of Facility	METROPOLITAN ATLANTA OB-GYN		
City/State/Country	DECATUR GEORGIA USA		
Professional Activity	PRIVATE PRACTICE OB/GYN		
From: Month/Year	OCTOBER 2017	To: Month/Year	PRESENT - JUNE 2023
Name of Facility	ATLANTA WOMEN'S CENTER		
City/State/Country	ATLANTA GEORGIA USA		
Professional Activity	ATTENDING PHYSICIAN		
From: Month/Year	OCTOBER 2017	To: Month/Year	PRESENT - JUNE 2023
Name of Facility	OLD NATIONAL GYN, LLC		
City/State/Country	COLLEGE PARK GEORGIA USA		
Professional Activity	MEDICAL DIRECTOR - ATTENDING PHYSICIAN		
From: Month/Year	~~MARCH 2014~~ DECEMBER 2015	To: Month/Year	OCTOBER 2017
Name of Facility	INACTIVE - AWAITING LICENSE RE-ISSUE FOR STATE OF GA		
City/State/Country	ATLANTA GA USA		
Professional Activity	INACTIVE		
From: Month/Year	MARCH 2014	To: Month/Year	DECEMBER 2015
Name of Facility	INCARCERATION - EXPUNGED DEC 2015		
City/State/Country	ATLANTA GA USA		
Professional Activity	INACTIVE DUE TO INCARCERATION WHICH WAS EXPUNGED DEC 2015		

SECTION G – CONTROLLED SUBSTANCES REGISTRATION: (Check one that applies)

1	[X]	I have enclosed a photocopy of my current Federal Controlled Substances Registration. [redacted]	Expiration Date: JAN 31, 2024
2	[ ]	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
3	[ ]	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.	

SECTION H: CONVICTION AND LICENSURE INFORMATION
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you **EVER** been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes [X] No [ ]	MEDICARE/MEDICAID FRAUD	MAR 2014	SUP. CT DEKALB
				COUNTY, GA
		DUI	AUG 2008	DUI COURT
				FULTON CTY, GA

The following provides **SOME** examples of convictions; this is **NOT** a complete list	
• MIP/ Tobacco Use by Minor	• Driving under Suspension / Revocation
• DUI / DWI	• License Vehicle without Liability Insurance
• Controlled Substance	• Fail to Appear in Court
• Open Container	• False Information or Reporting
• Shoplifting / Theft / Burglary	• Leave the Scene of an Accident
• Unauthorized use of a Financial Transaction	• Operator not Carrying License
• Disturbing the Peace	• Unlawful Display of Plates/Renewal tabs
• Assault / Prostitution	• Park Rule Violation / Curfew Violation
• Disorderly Conduct / Disorderly House	• Dog at Large / Fail to Vaccinate Animal
• Reckless Driving	• Littering / Fireworks / Bad Check

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes [X] No [ ]	MARYLAND	MEDICAL PROFESSIONAL - ACTIVE	
		GEORGIA	MEDICAL PROFESSIONAL - ACTIVE	
		SOUTH CAROLINA	MEDICAL PROFESSIONAL - INACTIVE	
		VIRGINIA	MEDICAL PROFESSIONAL - INACTIVE	
		DISTRICT OF COLUMBIA	MEDICAL PROFESSIONAL - INACTIVE	
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes [ ] No [X]			

SECTION H CONTINUED: CONVICTION AND LICENSURE INFORMATION
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

SECTION I

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	☒ YES	☐ NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	☒ YES	☐ NO
3	Have you ever been requested to appear before any licensing agency?	☒ YES	☐ NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	☒ YES	☐ NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	☒ YES	☐ NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	☐ YES	☒ NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	☐ YES	☒ NO

SECTION II

1	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?	☐ YES	☒ NO

SECTION III

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	☐ YES	☒ NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	☐ YES	☒ NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	☐ YES	☒ NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	☐ YES	☒ NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	☒ YES	☐ NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	☐ YES	☒ NO

SECTION IV

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	☐ YES	☒ NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	☐ YES	☒ NO
3	Have you ever surrendered your state or federal controlled substances registration?	☒ YES	☐ NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	☒ YES	☐ NO

SECTION V

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	☒ YES	☐ NO
2	Are you aware of any professional liability claims currently pending against you?	☐ YES	☒ NO

SECTION I: PRACTICE PRIOR TO LICENSE

If you practice prior to being issued a Nebraska license, you are subject to assessment of an Administrative Penalty of $10 per day up to $1,000, and you may be subject to other disciplinary action as provided in the statutes and regulations.

1	Have you practiced Medicine and Surgery in Nebraska without a Nebraska license?	Yes ☐ No ☒

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

SECTION J: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below):*

I attest that:

☒ I am a citizen of the United States.

☐ I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

☐ I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

☐ I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: TYRONE CECIL MALLOY

Signature: Tyrone Cecil Malloy

Date: JUNE 10, 2023

MILITARY: To view licensing services available website at https://dhhs.ne.gov/licensure/Pages/Professions-a

MEDICAL MALPRACTICE DISCIPLINARY ACTIONS BEING SENT UNDER SEPARATE COVER

Thank you,
Tyrone C. Malloy MD JD

We The People

Of the United States,

in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Tyrone Cecil Malloy

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P

Code / Code / Código: USA

Passport No / No. du Passeport / No. de Pasaporte: 552459878

Surname / Nom / Apellidos
MALLOY

Given Names / Prénoms / Nombres
TYRONE CECIL

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
02 Mar 1949

Place of birth / Lieu de naissance / Lugar de nacimiento
NEW YORK, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición
01 Jul 2016

Date of expiration / Date d'expiration / Fecha de caducidad
30 Jun 2026

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

Sex / Sexe / Sexo
M

Authority / Autorité / Autoridad
United States
Department of State

USA

P<USAMALLOY<<TYRONE<CECIL<<<<<<<<<<<<<<<<<<<<
5524598789USA4903028M2606303275748979<997366

Maryland
DEPARTMENT OF HEALTH

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

LICENSURE UNIT
JUN 16 2023
RECEIVED

April 3, 2023

Tyrone Malloy, M.D.
375 Ralph McGill Boulevard
Atlanta, GA 30312

Re: Sylvie Kanku

Dear Dr. Malloy:

Pursuant to the Maryland Medical PracticeAct, the Board of Physicians (the "Board") is responsible for assuring that licensed physicians and allied health practitioners render competent medical care to the citizens of Maryland and comply with all statutory and regulatory requirements governing the practice of medicine in Maryland.

This letter is to inform you that a complaint has been filed against you with the Board. Based on the allegations, the Board has opened a preliminary investigation. Enclosed is a copy of the complaint.

The Board is requesting a written response to the allegations contained in the complaint. This response must be signed or co-signed by you and should be received by the Board no later than ten (10) business days from the date of this letter.

Please send this response to my attention at the Board's address. If you need further assistance, you may contact me at mdh.mbp_intake@maryland.gov or 410-764-2480.

Sincerely,

Maureen Sammons

Maureen Sammons
Intake Manager

LICENSURE UNIT
JUN 16 2023
RECEIVED

DOCUMENTS ADDRESSING AFFIRMATIVE RESPONSES IN SECTION H RELATED TO CONVICTION AND LICENSURE INFORMATION

Several affirmative responses in subsections I, III, and IV were related to the same conviction.

Section I. Subsections: 1-4 are related to the same incident. The Georgia Board met with me concerning my conviction. I voluntarily surrendered my license in 2015. After meeting with the board upon my release, they agreed to restore my medical professional license.

Section III. subsection 5 is also related to the same incident. Based on this incident, the hospital where I was an attending physician allowed me to surrender my privileges.

Section IV. subsections 3 and 4, at which point my DEA was surrendered due to the above but was reinstated after my license was restored. A copy of my DEA with an expiration date was attached to my application.

Section I. Subsection 5 relates to a current investigation concerning a patient I transferred to a hospital following complications from surgery performed at a clinic in Maryland. The investigation is in its preliminary stages, and a letter from the Maryland Medical Board is attached.

Lynne C. Malloy, MD, FACS
June 13, 2023

Narrative
Tyrone C. Malloy

As per the request of the Board, I hereby submit this narrative regarding my arrest and conviction on two counts of Medicaid fraud.

In March 2010, the GA Department of Community Health (DCH) notified me that the Program Integrity Unit had conducted a comprehensive utilization review of services billed and paid for by the Medicaid program. The premise being that the practice at Old National GYN (ONG) had committed a fraud by billing Medicaid for abortion-related services. My Medicaid number was withheld and I received no payments due to their investigation that alleged that I had committed fraud.

I filed an Appeal with the Office of State Administrative hearings. My argument was that under the Family Planning Services Guidelines per the Medicaid Policies, confirmation of pregnancy, which entails lab work, and a sonogram are permitted and reimbursed. We have a pregnancy verification form which DCH has approved that specifically states that Medicaid does NOT pay for abortions, and if she desires to terminate the pregnancy whether at our facility or somewhere else, she will be totally responsible for the costs.

During the course of the ALJ Hearing, the Judge Steven Teate allowed testimony from Ms. Ebony Joyner, a field agent for the DCH, which affirmed that our billing practices were in compliance with Medicaid/Family Planning Services polices. Judge Teate also allowed the admission of an email sent to my Executive Administrator Sarah Holmes, from Mr. Ibn Mohammad, another DCH Agent indicating again that the billing practices at ONG met the standards prescribed by the regulations.

On August 26, 2010 at the conclusion of the Hearing, Administrative Law Judge Steven Teate stated to the attorney representative for DCH that they "had not proven their case against" me alleging fraud. Judge Teate based this on the testimony and evidence given by DCH Field Agents that appropriate billing guidelines had been followed, as well as testimonies by my Office Manager, Cathy Warner that the errors in coding for ultrasounds performed by ONG were unintentional on her part and no fraud was ever intended.

Judge Teate reversed the department's decision to withhold Medicaid payments from ONG, and the Department of Community Health (the State) did not challenge the ruling. After the ruling, monies that had been withheld were finally paid.

I continued my practice for more than a year believing this issue was resolved. The State Attorney General contended that charging Medicaid for what he deemed abortion-related services constituted fraud and proceeded to have Ms. Warner my Office Manager at ONG and myself indicted on two counts of Medicaid fraud on December 2011 in DeKalb County, Georgia.

The indictment charged that Old National GYN unlawfully billed Medicaid $132,000.00 over three years for patient office visits associated with elective abortions and $255,000.00 for ultrasounds

Tyrone C Malloy MD Dec 19, 2022 Tyrone C Malloy MD June 10, 2023

that allegedly were not performed. There was never any dispute that every patient had an ultrasound. The indictment made it sound as though we billed Medicaid and ***did not perform an ultrasound.*** The facts and the truth are that the code we submitted was unintentional, as admitted under oath at the ALJ hearing. This code did not match the ultrasound documentation that was in the patient's chart. However, the AG's office worded the indictment to make it appear as though ***NO*** ultrasounds were performed.

I have been a practicing physician in good standing since 1975. I attended Howard University, graduated from New York University and received my Degree in Medicine from The Johns Hopkins University School of Medicine. I completed my internship and residency programs at the Walter Reed Army Medical Center in Washington, DC. I served my country as a physician for decades after leaving Walter Reed, resigning from active military duty as a Lieutenant Colonel in 2000. I graduated from the Georgia State University School of Law in 1993. I am on the faculty of the Emory University School of Medicine, Department of OB/GYN as an Adjunct Clinical Professor. I have published several scholarly articles in the field of obstetrics and gynecology.

Prior to my incarceration on March 10, 2014, I was employed at Metropolitan Atlanta OB/GYN, CEO of the Menopause Center of Atlanta, I am the Founder and CEO of the Soapstone Center for Clinical Research where I have been of performing clinical trials for pharmaceutical institutions research.

I was on staff at Dekalb Medical Center and Atlanta Medical Center (formally Georgia Baptist Hospital).

When I went to trial I believed the indictment would be overturned because of collateral estoppel, (double jeopardy) by virtue of the fact that the earlier Administrative Law hearing's ruling was in my favor. Judge Cynthia J. Becker ruled that neither the Administrative Law Judge's ruling nor the exonerating emails or DCH Agents testimonies would be admissible at trial. As a result of her decision, I appealed to the Georgia Supreme Court rejecting the state's argument that the court was without jurisdiction to hear the matter at this juncture in the trial.

At Oral arguments before the Georgia Supreme Court, Justice Harold Melton said he was **"troubled by the idea that a doctor litigates an administrative case and prevails, and that's not enough to find out that the doctor is in good standing or not".** Presiding Justice Harold Thompson wrote for the court that my double jeopardy arguments, which both the court and my attorney framed as a question of collateral estoppel, were **"persuasive in many respects".**

The Supreme Court ruled on February 5, 2013 that my case should go to trial. In the ruling, the court stated that I would have an opportunity to present my same arguments and evidence, which exonerated me at the ALJ Hearing.
Following the Supreme Court ruling, the Assistant District Attorney offered me a plea deal; admit guilt and repay the State for illegally obtaining monies and serve 15 years' probation. This I could not do. I had not knowingly or willfully attempted to defraud the State. I had no reason to suspect otherwise given the time period covering the indictment. The allegations spanned a period from December 9, 2007 to on or about August 10, 2010. Why had the State never inquired about the billing procedures/codes in use? Old National GYN had been providing safe, legal abortion

Jupine C. Mallory MD Dec 19, 2022 Jupine C Mallory MD June 10, 2023

services under my ownership since 1993. I would not compromise my life's work and License to practice medicine for what I believe was a conspiracy to compromise physicians still willing to performing abortion procedures.

I chose to rely on the Judicial system and a jury to hear the facts and evidence believing those facts and evidence would exonerate me of the allegations.

On March 10, 2014, I was convicted and sentenced to four years in prison under first offender status. I have no regrets for my decision to fight this conviction even though I spent 21 months in seven different Georgia State Prisons, an experience which defies description. I was prepared to seek vindication from the highest court in the land.

By the time I was given a date for my hearing for the Motion for a new trial with former Judge Becker's replacement, Superior Court Judge Jean-Paul Boulee, I was both psychologically and emotionally exhausted. I informed my attorney's that I needed the assurance that this nightmare would come to an end. I agreed to pay full restitution in an amount close to $400,000.00 even though the State was not entitled to this money, to gain my freedom.

On December 21, 2015 I was released from prison with plans to have my medical license reinstated so that I could return to my practice in Decatur, my teaching at Emory University School of Medicine and to resume my clinical research career.

After my release, which did not include probation, my first offender status went into effect. Judge Jean-Paul Boulee discharged me of said offenses without court adjudication of quilt and I was completely exonerated of quilt of said offences charged.

I very much hope that I can regain some semblance of a normal life and continue my practice of medicine after suffering such a setback this late in my professional career. Reinstatement of my medical license would be the first step in achieving that goal. I thank you for your patience and understanding.

Tyrone Cecil Malloy MD.

Tyrone Cecil Malloy, MD

Tyrone C Malloy MD Dec 19, 2022

Tyrone C Malloy MD June 10, 2023

IN THE SUPERIOR COURT OF DEKALB COUNTY
STATE OF GEORGIA

STATE OF GEORGIA	)	CASE NO.
v.	)	11CR6346-6
TYRONE MALLOY,	)	
Defendant.	)	

ORDER REDUCING SENTENCE TO TIME SERVED AND DIRECTING THE DEKALB COUNTY SHERIFF TO RELEASE TYRONE MALLOY

The defense and the prosecution have agreed that because Tyrone Malloy has paid full restitution in the amount of $386,639.91 and otherwise complied with all conditions of the sentence the sentence of the court is modified as follows:

With the consent of the defense and the prosecution, therefore, it is hereby ORDERED:

The sentence of Tyrone Malloy for both counts of the indictment is reduced to time served, effective December 22, 2015. The Dekalb County Sheriff is ORDERED to release the Defendant, Tyrone Malloy *instanter*. The Dekalb County Sheriff is directed to forward a copy of this Order to the Department of Corrections and to the Warden of Johnson State Prison.

The defendant has withdrawn his Motion for New Trial, as well as his Supplemental Motion for New Trial with prejudice. The defendant has waived his right to appeal.

Furthermore, the Defendant Tyrone Malloy, will not be required to serve any sentence of probation.

Because the defendant was sentenced pursuant to the First Offender Act, the record of the conviction is hereby expunged.

SO ORDERED, this the 22 day of December, 2015.

JUDGE J. P. BOULEE
SUPERIOR COURT OF DEKALB COUNTY

2015 DEC 22 PM 4:43
DEKALB COUNTY GA

STONE MOUNTAIN JUDICIAL CIRCUIT
SUPERIOR COURT
DEKALB COUNTY, GA

State of Georgia, DeKalb County,
The undersigned officer of DeKalb Superior Court certifies that this is a true and correct copy of the original document which is on file and of record in the Office of the Clerk of Superior Court. Witness my hand and seal of the Superior Court of DeKalb County Georgia.
This 22nd day of Dec 2015
Signature:
Deputy Clerk, DeKalb County Superior Court

Tyrone C. Malloy MD
Dec 19, 2022

CITY OF CHAMBLEE POLICE
Kerry Thomas Police Chief
A STATE CERTIFIED LAW ENFORCEMENT AGENCY
5445 BUFORD HWY NE CHAMBLEE, GA 30341

To Whom It May Concern:

RE: Name: Tyrone Cecil Malloy

Address: 25 Park Lane N.E.

Atlanta, GA 30309

Date of Birth: 03/02/1949

[redacted]

A computer check through the Georgia Crime Information Center reveals no criminal record on the above subject.

#894

Criminal History Clerk
Chamblee Police Department

Sworn to and subscribed before me this 22 day of July, 20 22.

C. Babb
Notary Public

C BABB
MY COMMISSION EXPIRES
NOTARY PUBLIC
MAY 18, 2025
GWINNETT COUNTY, GEORGIA

CLERK OF SUPERIOR COURT

556 NORTH MCDONOUGH STREET
DECATUR, GEORGIA 30030

404-371-2836

DEBRA DEBERRY
CLERK OF SUPERIOR COURT

CERTIFICATION

THIS IS TO CERTIFY THAT THE WITHIN IS A TRUE AND CORRECT

COPY OF THE ORIGINAL CRIMINAL PROCEEDINGS IN

CASE NUMBER: 11CR6346

12 pages

THE STATE OF GEORGIA

Vs.

TYRONE CECIL MALLOY

THAT IS OF RECORD AND ON FILE IN THE CLERK'S OFFICE

This 24TH Day of MARCH, 2014.

DEPUTY CLERK Ronda Davis

SC-6.2 Final Disposition Felony Sentence With Probation

IN THE SUPERIOR COURT OF DEKALB COUNTY, STATE OF GEORGIA

STATE OF GEORGIA versus

TYRONE CECIL MALLOY

CRIMINAL ACTION #:

11CR6346 - 6

March **Term of 20** 14

Clerk to complete if incomplete:

OTN(s): _____
DOB: 03-02-1949
Ga. ID#: _____

Final Disposition:
FELONY with PROBATION

First Offender/Conditional Discharge entered under:

☒ O.C.G.A. § 42-8-60 ☐ O.C.G.A. § 16-13-2
☐ **Repeat Offender as imposed below**
☐ Repeat Offender waived

PLEA: ☐ Negotiated ☐ Non-negotiated

VERDICT: ☒ Jury ☐ Non-jury

The Court enters the following judgment:

Count	Charge (as indicted or accused)	Disposition (Guilty, Not Guilty, Guilty-Alford, Guilty-Lesser Incl, Nolo, Nol Pros, Dead Docket)	Sentence	Fine	Concurrent/ Consecutive, Merged, Suspended
1	[redacted]	JURY VERDICT - GUILTY	10 YEARS TO SERVE 2 YEARS		
2	[redacted]	JURY VERDICT - GUILTY	10 YEARS TO SERVE 2 YEARS		CONSECUTIVE
3					
4					

The Defendant is adjudged guilty or sentenced under First Offender/Conditional Discharge for the above-stated offense(s); the Court sentences the Defendant to confinement in such institution as the Commissioner of the State Department of Corrections may direct, with the period of confinement to be computed as provided by law.

Sentence Summary: The Defendant is sentenced for a total of 20 YEARS, ☒ with the first 4 YEARS to be served in confinement and the remainder to be served on probation; or ☐ to be served on probation.

The Defendant is to receive credit for time served in custody: ☒ from 03-10-14 - PRESENT; or ☐ as determined by the custodian.

☐ 1. The above sentence may be served on probation provided the Defendant shall comply with the Conditions of Probation imposed by the Court as part of this sentence.

☒ 2. Upon service of 4 YEARS, the remainder of the sentence may be served on probation; PROVIDED, that the Defendant shall comply with the Conditions of Probation imposed by the Court as part of this sentence.

☐ 3. The Court sentences the Defendant as a recidivist under O.C.G.A.:

☐ § 17-10-7(a); ☐ § 17-10-7(c); ☐ § 16-7-1(b); ☐ § 16-8-14(b); or ☐ § _____.

GENERAL CONDITIONS OF PROBATION

The Defendant is subject to arrest for any violation of probation. If probation is revoked, the Court may order incarceration. The Defendant shall comply with the following General Conditions of Probation: 1) Do not violate the criminal laws of any governmental unit and be of general good behavior. 2) Avoid injurious and vicious habits. 3) Avoid persons or places of disreputable or harmful character. 4) Report to the Probation Officer as directed and permit the Probation Officer to visit you at home or elsewhere. 5) Work faithfully at suitable employment insofar as may be possible. 6) Do not change your place of abode, move outside the jurisdiction of the Court, or leave Georgia without permission of the Probation Officer. If permitted to move or travel to another state, you agree to waive extradition from any jurisdiction where you may be found and not contest any effort by any jurisdiction to return you to this State. 7) Support your legal dependents to the best of your ability. 8) When directed, in the discretion of the Probation Officer: (a) submit to evaluations and testing relating to rehabilitation and participate in and successfully complete rehabilitative programming; (b) wear a device capable of tracking location by means including electronic surveillance or global positioning satellite systems; (c) complete a residential or nonresidential program for substance abuse or mental health treatment; and/or (d) agree to the imposition of graduated sanctions as defined by law. 9) Make restitution as ordered by the Court.

FINE SURCHARGES or ADD-ONs: The Court assesses all fine surcharges or add-ons as required by the laws of the State of Georgia and as are applicable to offense(s) for which the Defendant has been convicted.

1) The Court orders that: ☒ the Defendant shall pay the probation supervision fee as required by law; or ☐ the probation supervision fee is waived.
2) If counsel was provided under the Georgia Indigent Defense Act: ☒ the Defendant shall pay the $50 Public Defender Application Fee; or ☐ the Public Defender Application Fee is waived.
3) If counsel was provided at public expense: ☐ the Defendant shall pay attorney's fees of $_____ to **DEKALB** County; or ☐ attorney's fees are waived.
4) The Defendant shall pay the Crime Lab Fee as required by law.

SPECIAL CONDITIONS OF PROBATION

The Defendant is advised that violation of any Special Condition of Probation may subject the Defendant to a revocation of probation and the Court may require the Defendant to serve up to the balance of the sentence in confinement. The Defendant shall comply with all Special Conditions of Probation: ☐ as designated on the attached Inventory of Special Conditions of Probation; or ☒ as follows: *(import conditions to be imposed from Inventory of Special Conditions of Probation).*

FIRST OFFENDER OR CONDITIONAL DISCHARGE

(If designated by the Court)

The Defendant consenting hereto, it is the judgment of the Court that no judgment of guilt be imposed at this time but that further proceedings are deferred and the Defendant is hereby sentenced

BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS
STATE OF GEORGIA

TYRONE CECIL MALLOY, M.D.,	OSAH DOCKET NO.: OSAH-DCH-PROP-1032811-44-Teate
Petitioner,	
v.	Agency Reference No.: 10-060
GEORGIA DEPARTMENT OF COMMUNITY HEALTH,	
Respondent.	

INITIAL DECISION

I. Introduction

Petitioner, a Georgia Medicaid provider, (hereinafter "Provider") appeals adverse agency action withholding Petitioner's Medicaid Number per notices issued on March 12, 2010, and April 14, 2010. At a hearing on July 26, 2010, Petitioner appeared "pro se" and Tara Dickerson, Esq. represented Respondent.

Per medical confidentiality requirements, Respondent's Exhibits AA through ZZ and Fiscal Data Parts I and II were submitted under seal and shall remain under seal.

For reasons indicated, Respondent's withholding of Petitioner's Medicaid Number is **REVERSED.**

II. Findings of Fact

1. Per notice issued on January 25, 2010, Respondent's Program Integrity Unit conducted a comprehensive utilization review of services billed to and paid for by the Medicaid Program at Old National Gynecology, Petitioner's facility. The notice indicated that a review team would arrive on January 27, 2010 and would review 75 member records for services rendered from October 1, 2008 through January 15, 2010. (Exhibit R-A).

2. As indicated in the January 25, 2010, notice, a review team consisting of Wylene Moore, a registered nurse who is a compliance auditor, and three others arrived on January 27 and conducted the review during which time they gathered records and interviewed Petitioner's employees that were present. (Testimony of Cathy Warner, Petitioner's office manager; Testimony of Wylene Moore, compliance auditor; Exhibits AA through ZZ and 1 through 45).

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Dec 19, 2022

3. The review showed that patients routinely presenting themselves on an office questionnaire regarding purpose of visit as seeking an "abortion" or a "termination" often submitted to lab tests and an ultrasound examination on the same day that an abortion procedure was completed. (Testimony of Wylene Moore, compliance auditor; Respondent Exhibits AA through ZZ and 1 through 45; Fiscal Data Parts I and II).

4. Every patient must undergo the same lab tests whether they are seeking an abortion or are simply seeking pregnancy confirmation. If pregnancy is confirmed, the patient must undergo must undergo the ultrasound examination. (Testimony of Petitioner; Petitioner's Exhibit 6).

5. Petitioner utilizes a pregnancy verification form that requires completion of lab test results and the ultrasound that is forwarded to the patient's counselor, who certifies that the patient has been informed of the diagnostic tests performed and notes in bold letters whether the patient elects to terminate pregnancy or continue the pregnancy. If terminating pregnancy, the patient is clearly informed that Medicaid does not pay for elective termination and that the patient may undergo additional counseling and terminate pregnancy either at Petitioner's facility or another facility of her choice. Despite a patient's inclination when filling in the initial questionnaire, it is the patient's decision at this juncture that is controlling. (Testimony of Petitioner; Respondent Exhibit 6).

6. Ms. Moore reviewed the review team's findings with management of the Program Integrity Unit. Thereafter Ms. Shirley Benson, the Program Integrity Director, issued the first notice on March 12, 2010 informing Dr. Malloy that reimbursement would be withheld until the requirements of 42 C.F.R. § 455.23 (c)(1) and (2) have been met. The notice informed Dr. Malloy of his right to Administrative Review that he requested per letter dated March 16, 2010. (Testimony of Wylene Moore; Testimony of Shirley Benson; R-B; R-C).

7. Upon Administrative Review, the Program Integrity Section determined, and subsequently notified Dr. Malloy per notice dated April 14, 2010, that the withholding of reimbursements would continue inasmuch as: (1) services that are billed to Medicaid are related to an abortion; (2) documentation supports a conclusion that such services were rendered in conjunction with an abortion; and (3) effective October 1, 2005, Section 904.2, *Part II Policies and Procedures for Physician Services* clearly states that reimbursement for abortion related services are not authorized unless the life of the mother would be endangered or if the mother was a victim of rape or incest. Dr. Malloy filed the current appeal on May 7, 2010. (Testimony of Shirley Benson, R-D).

8. Petitioner operates a gynecology practice that performs abortions for approximately 50% of its clients. The availability of abortion services is advertised and is offered at a discounted rate to Medicaid recipients. (Testimony of Cathy Warner, Petitioner's office manager; Testimony of Petitioner).

9. Petitioner has never billed Medicaid for abortion related expenses that require a certification of necessity for abortion (Form DMA-311) that is required if the life of the mother would be endangered if the fetus were carried to term or if the mother was a

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victim of rape or incest. Also, Petitioner does not bill for surgical or non-surgical abortion procedures. (Testimony of Petitioner R-H; R-I).

10. Petitioner bills Medicaid for services such as lab tests and ultrasound related to evaluation and management when a patient presents herself with a diagnosis of amenorrhea to determine pregnancy and gestational status. Such lab tests plus the cost of the ultrasound for confirmed pregnancies cost approximately $400.00 per patient. The lab test including a hematocrit, a urinalysis, and a pregnancy test are necessary whether or not such a patient thinks she is pregnant or suspects it and whether or not she enters Petitioner's office with intent to abort or terminate a pregnancy. For confirmed pregnancies, an ultrasound is also performed. Such lab tests and ultrasound are routinely reimbursed by Medicaid for patients who do not elect to terminate pregnancies. Ultrasound is also required to comply with the implied consent provisions of O.C.G.A. 31-9A-3 (2010). (Testimony of Petitioner; Testimony of Cathy Werner, office manager; Exhibit R-C).

11. Petitioner's billing practices are consistent with those of other physicians who perform abortions. (Testimony of Petitioner; Testimony of Juaquita Calloway, M.D.; Testimony of Sarah Holmes, Petitioner's executive director).

12. In response to an inquiry incident to Respondent's utilization review, Ms. Holmes, Petitioner's Executive Director, explained Petitioner's billing protocol regarding abortions to Ebony Joyner, one of Respondent's field representatives through Affiliated Computer Services, Inc. under contract with Respondent's Georgia Health Partnership. Ms. Joyner responded that Petitioner's protocol was correct and opined "as you mentioned, the patient will be covered for the office visit and tests; however, the procedure itself is not covered under the GA Medicaid program." (Testimony of Sarah Holmes, Petitioner's Executive Director; Testimony of Ebony Joyner, Territory 5 Provider Field Representative; Petitioner's Exhibits 7 and 8).

13. Petitioner has practiced medicine for 29 years and has never been the subject of any audit alleging misrepresentation or fraud. (Testimony of Petitioner).

III. Conclusions of Law

1. Respondent's Program Integrity Unit is responsible for utilization review of services ordered or furnished by providers. *Part I, Policies and Procedures for Medicaid/Peachcare for Kids, Definitions*, 42, p. 6. The Unit safeguards against unnecessary or inappropriate use of Medicaid/PeachCare for Kids services and excess payments, assesses the quality of those services, and ensures provision is made in accordance with State and Federal law, rules and regulations. *Id.* A provider must comply with all State and Federal laws and regulations related to furnishing Medicaid/PeachCare for Kids services. *Part I, Policies and Procedures for Medicaid/Peachcare for Kids*, Section 106 (B), p. I-11.

2. Medicaid will not reimburse for abortion expenditures unless the abortion is appropriately certified as necessary to save the life of the mother or to terminate a

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pregnancy resulting from rape or incest. 42 C.F.R. §§ 441.202, 441.203, 441.206 and 457.475. Respondent's Policies and Procedures for Physician Services follows the Federal requirements and specifically references that such expenditures for abortions include associated services such as lab tests of ultrasound studies. *Part II, Policies and Procedures for Physician Services*, Section 904.2, p. IX-52 (2008) and p. IX-50 (2010). As applied, Petitioner has never billed for surgical or non-surgical abortion procedures. Inasmuch as he has not performed abortions necessary to save the life of the mother or to terminate a pregnancy resulting from rape or incest, he has never submitted certification for reimbursement of abortion related expenses that are defined to include lab tests and an ultrasound.

3. Per contractual terms between Respondent and providers, if there is a disagreement "regarding, arising out of, or related to policy language interpretation," Respondent's determination of the disputed contract language controls and shall not be subject to appeal. *Part I, Policies and Procedures for Medicaid/Peachcare for Kids*, Section 103. p. p. I-1 (2008) and (2010). While the definition of "expenditure of abortion" is clear within the context of services under Section 904.2, it is not clearly enunciated for expenses related to abortions that are not necessary to save the life of the mother or to terminate a pregnancy resulting from rape or incest. However for a subsequent abortion procedure, the parties agree that initial lab tests for a patient who presents herself with a diagnosis of amenorrhea to determine pregnancy and gestational status are appropriately billed to Medicaid. *Part II, Policies and Procedures for Family Planning Clinic Services*, section 901, p. IX-1 (2008) and (2010).

4. Whether or not a demand has been made for repayment, Respondent may withhold reimbursement claimed by a provider if Respondent receives reliable evidence of fraud or willful misrepresentation concerning the provision of services under Medicaid/PeachCare for Kids. 42 CFR 455.23(a); *Part I, Policies and Procedures for Medicaid/Peachcare for Kids*, Section 408 (B), pp. IV-13 and 14. Further, Respondent is authorized to take additional adverse action it finds necessary to secure compliance with Federal and State laws and regulations. *Part I, Policies and Procedures for Medicaid/Peachcare for Kids*, Section 411, p. IV-149.

5. The regulations do not define the terms "fraud" or "willful misrepresentation" as it is applied in the regulations. . *Part I, Policies and Procedures for Medicaid/Peachcare for Kids*, p. Definitions – 1 (2008) and (2010). By analogy, the tort of fraud requires a willful misrepresentation of a material fact, made to induce another to act, upon which such person acts to his injury. Avery v. Chrysler Motors Corp., 214 Ga. App. 602, 603-604(1) (1994). In all cases of fraud, knowledge of the falsehood constitutes an essential element of the tort. Id. A fraudulent or reckless representation of facts as true when they are not, if intended to deceive, is equivalent to knowledge of their falsehood even if the party making the representation does not know that such facts are false. Id. Willful misrepresentation of a material fact made to induce action to a person's injury is actionable; however, the mere concealment of a material fact will not support such an action unless it was concealed to induce another to act. O.C.G.A. § 51-6-2. While Respondent's determination of the services at issue was reasonable, the record does not

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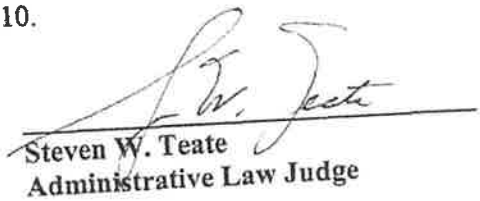
support a conclusion that Petitioner willfully misrepresented a material fact. Accordingly, the evidence does not support a determination of fraud or willful misrepresentation under the Medicaid program.

IV. Decision

Respondent's April 14, 2010, determination to place Petitioner on withhold for Medicaid provider number 000227741M is **REVERSED**.

SO ORDERED, this 25th day of August 2010.



Steven W. Teate
Administrative Law Judge

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Jeanne C. Malley MD
Dec 19, 2022

NETZERO Message Center

From: [redacted]

To: [redacted]

Sent: Sat, Jun 19, 2010 08:41 AM

Subject:

---------- Forwarded message ----------
From: GHP Public <GHPPublic@acs-inc.com>
Date: Thu, Apr 29, 2010 at 4:55 PM
Subject: CRN 10[redacted]
To: @gmail.com

Thank you for the following inquiry # 10[redacted]
Because the new Healthcare Reform bill specifically excludes Medicaid payment for elective termination of pregnancy, I'm contacting you to make sure that our office protocol is in compliance with GHP regulations for Medicaid patients.
Patients who are a member of the GHP Medicaid program frequently call us either to determine whether they are pregnant and how far along and/or because they wish to terminate the pregnancy. We immediately inform the patient that a voluntary pregnancy termination is not covered by Medicaid. If the patient would like set an office visit to confirm the pregnancy, the office visit and diagnostic tests are covered by Medicaid. However, if the patient then decides to terminate the pregnancy and is medically eligible, she may do so but is personally responsible for all charges related to the abortion procedure.
We would like to know the established guidelines and if any changes need to be made to our current protocol.
Thank You,

Hello ,
Your current protocol is absolutely correct. As you mentioned, the patient will be covered for the office visit and test; however, the procedure itself is not covered under the GA Medicaid program. Informing the patient of this in advance is also correct. If the patient decides to terminate the pregnancy, you may want to have the patient sign a waiver (created by your facility) before the service is rendered that clearly informs the patient that they will be responsible for any charges related to the abortion procedure.
If you have any questions regarding this information and need to contact your field representative, please refer back to the "Contact Us" feature on the web at www.ghp.georgia.gov to submit your request.
Thank you for your continued participation in the Georgia Medicaid/PeachCare for Kids Program.
PLEASE DO NOT RESPOND TO THIS MESSAGE, YOU MUST UTILIZE THE "CONTACT US" FUNCTION VIA THE WEB PORTAL.
Sincerely,
Ebony Joyner
Territory 5 Provider Field Representative
Georgia Health Partnership
Government Healthcare Solutions
Affiliated Computer Services, Inc.
A Xerox Company
866.317.6024 Option 5

Jayne C Malloy
Dec 19, 2022

WIKIPEDIA

Georgia First Offender Act

The **Georgia First Offender Act** (Georgia Code § 42-8-60) is a legal resource for certain first time criminal offenders to not plead guilty, and have their records expunged if they comply with the law's provisions. Upon successful compliance with this law, the defendant's criminal record is expunged on application to the court.

References

Jayne C. Malloy MAS Dec 19, 2022

External links

- Georgia Code: Via Justica.org [1] (https://law.justia.com/codes/georgia/2010/title-42/chapter-8/article-3/42-8-60) "§ 42-8-60 - Probation prior to adjudication of guilt"
- Georgia Code via Lexus-Nexis [2] (https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=fe769bf9-7367-4918-8ed2-21de6e03c4c4&nodeid=ABQAAJAAEAAB&scrollreferenceid=&config=00JAA1MDBlYzczZi1lYjFlLTQxMTgtYWE3OS02YTgyOGM2NWJlMDYKAFBvZENhdGFsb2feed0oM9qoQOMCSJFX5qkd&pddocfullpath=%2Fshar) (partially behind paywall except for text of government statute).
- Georgia Bureau of Investigations FAQ [3] (https://gbi.georgia.gov/obtaining-criminal-history-record-information) (Government Website)

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: FSMB Examination Services As of Date:6/11/2023

PRACTITIONER INFORMATION

Name:	Malloy, Tyrone Cecil
DOB:	3/2/1949
Medical School:	Johns Hopkins University School of Medicine Baltimore, Maryland, UNITED STATES
Year of Grad:	1975
Degree Type:	MD
NPI:	1841393097

BOARD ACTIONS

Reporting Entity:	Georgia Composite Medical Board
Date of Order:	9/3/2004
Form of Order:	Consent Order/Agreement
Action(s):	REPRIMANDED ASSESSED A FINE ADDITIONAL CME REQUIRED
Basis:	Failure to Conform to Minimal Standards of Acceptable Medical Practice

Reporting Entity:	Georgia Composite Medical Board
Date of Order:	1/8/2009
Action(s):	REPRIMANDED ASSESSED A FINE ADDITIONAL CME REQUIRED
Basis:	Failure to Conform to Minimal Standards of Acceptable Medical Practice

Reporting Entity:	Department of Health and Human Services
Date of Order:	10/20/2014
Action(s):	MEDICAID/MEDICARE EXCLUSION
Basis:	Program-Related Conviction

Reporting Entity:	Georgia Composite Medical Board
Date of Order:	5/12/2015
Action(s):	VOLUNTARY SURRENDER OF MEDICAL LICENSE
Basis:	Not Applicable

Reporting Entity:	Georgia Composite Medical Board

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: FSMB Examination Services As of Date:6/11/2023

Practitioner Name: Malloy, Tyrone Cecil

Date of Order: 8/14/2018

Action(s): MEDICAL LICENSE RESTORED OR REINSTATED

The May 12, 2015 Voluntary Surrender is no longer in effect.

Effective: 10/5/2017

Basis: Not Applicable

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1841393097	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
DC	MD10996	05/12/1978	12/31/1980	05/01/2023
GEORGIA	23086	10/07/1981	03/31/2025	05/16/2023
SOUTH CAROLINA	009486	08/28/1979	12/31/1982	06/05/2023
VIRGINIA	0101029333	04/17/1978	03/31/1983	05/15/2023

PRACTITIONER PROFILE

Prepared for: FSMB Examination Services As of Date:6/11/2023

Practitioner Name: Malloy, Tyrone Cecil

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Not Certified
Participating in MOC: No

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Inactive	Lifetime	12/13/1985			Initial	05/25/2023

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

DUI

Back | Print

08TR223409 - CITY OF ATLANTA vs. MALLOY,, TYRONE C

SUMMARY

Judge:		Case Type:	TRAFFIC	Status:	OPEN
Case Number:	08TR223409	Uniform Case Number:	08TR223409		
Clerk File Date:	8/8/2008	Status Date:	8/8/2008		
SAO Case Number:		Total Fees Due:	0.00		
Agency:	ATLANTA POLICE DEPARTMENT	Agency Report #:		Custody Location:	

PARTIES

TYPE	PARTY NAME	ATTORNEY
DEFENDANT	MALLOY,, TYRONE C	
PLAINTIFF	CITY OF ATLANTA	
OFFICER	BRADSHAW, BERNARD F.	
SURETY	ATLANTA PRETRIAL SERVICES	

CHARGES

COUNT	DESCRIPTION	LEVEL	DEGREE	PLEA	DISPOSITION	DISPOSITION DATE
1	DRIV IMPAIRED BY ALCOHOL/DRUGS (40-6-391)	2			GUILTY	
2	DRIVING IN EMERGENCY LANE/GORE (40-6-50)	N	N		DSDMOO	

EVENTS

DATE	EVENT	JUDGE	LOCATION	RESULT
12/2/2008 8:00 AM	DUI STATUS/SENTENCING	WARD, CHRISTOPHER EVAN	3A	HELD
10/28/2008 8:00 AM	DUI STATUS/SENTENCING	WARD, CHRISTOPHER EVAN	3A	HELD
8/28/2008 8:00 AM	DUI ARRAIGNMENT	WARD, CHRISTOPHER EVAN	3A	HELD

CASE HISTORY

CASE NUMBER	CHARGE DESCRIPTION	CASE STATUS	DISPOSITION	OUTSTANDING AMOUNT	NEXT EVENT	ALERTS
			No Additional Cases			

CASE DOCKETS

DATE	ENTRY
12/4/2008	SENTINEL SENTENCE OF PROBATION
12/4/2008	PAYMENT RECEIVED THROUGH LOCKBOX
12/2/2008	PLEA OF GUILTY
12/2/2008	OFFICIAL NOTICE OF REVOCATION/SUSPENSION GENERATED OFFICIAL NOTICE OF REVOCATION/SUSPENSION SENT ON: 12/02/2008 09:18:48
12/2/2008	OFFICIAL NOTICE OF REVOCATION/SUSPENSION GENERATED
12/2/2008	BASE FINE-DUI ($526 AND GREATER) CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS RECEIPT: 482033 DATE: 12/04/2008

DATE	ENTRY
12/2/2008	COURT HELD OPTION: JDMOD - DISMISSED - MERGE INTO OTHER OFFENSE APPLIED TO CHARGES: PARTY: MALLOY,, TYRONE C: DRIVING IN EMERGENCY LANE/GORE OPTION DETAILS: AVAILABILITY: ONLY WITH E-PAYMENTS DISPLAY DOCKETS WHEN APPLIED: NO COMPARE DATE: CURRENT DATE EFFECTIVE DATE RANGE: 01/01/1900 TO 12/31/2999 DISPOSITION OF CASE ITEMS: OVERRIDE: NO CREATE REOPEN: NO COMPLETE ALL TICKLERS IF CASE DISPOSED: NO PARTY CHARGE MAINTENANCE: DECISION: DISMISSED - MERGED STATUS/DISPOSITION: DISMISSED - MERGED INTO OTHER OFFENSE OVERRIDE: YES FINES/COSTS: NO COMPLETE CHARGE TICKLERS: NO AUTO CANCEL ALERTS: NSF, WARRANT, & PROBATION ALERTS DOCKET ADJUSTMENTS: SEQUENCE: 1 DOCKET ENTRY: DISMISSED: MERGED OTHER OFFENSE ADD CONDITION: ALWAYS ADD DOCKET AMOUNT: CASE: NO SEQUENCE: 2 DOCKET ENTRY: DDS RAM SERVER FTA WITHDRAWAL ADD CONDITION: ALWAYS ADD DOCKET AMOUNT: CASE: NO IF THIS DOCKET EXISTS: FAILURE TO APPEAR BOND FORFEITED SCIRE FACIAS ORDERED FTA-WARRANT ISSUED FAILED TO APPEAR DEFENDANT FAILED TO APPEAR FAILURE TO ABIDE WARRANT: FAILURE TO ABIDE SENTENCE WARRANT ISSUED (SIGNED BY JUDGE) SEQUENCE: 3 DOCKET ENTRY: BASE COSTS ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: 3.00 CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 4 DOCKET ENTRY: DRUG/ALCOHOL COSTS ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: 28.00 CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 5 DOCKET ENTRY: BASE FINE-TRAFFIC ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 6 DOCKET ENTRY: BASE FINE-TRAFFIC ($4.00 TO $25.00) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 7 DOCKET ENTRY: BASE FINE-TRAFFIC ($26.00 TO $50.00) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 8 DOCKET ENTRY: BASE FINE-TRAFFIC ($51.00 TO $100.00) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 9 DOCKET ENTRY: BASE FINE-TRAFFIC ($101.00 AND GREATER) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 10 DOCKET ENTRY: BASE FINE-CRIMINAL ($4-$25) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 11 DOCKET ENTRY: BASE FINE-CRIMINAL ($26-$50) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 12 DOCKET ENTRY: BASE FINE-CRIMINAL ($51-$100) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 13 DOCKET ENTRY: BASE FINE CRIMINAL-($101 AND GREATER) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 14 DOCKET ENTRY: BASE FINE-DRUG (UP TO $100) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 15 DOCKET ENTRY: BASE FINE-DRUG ($101 AND GREATER) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 16 DOCKET ENTRY: BASE FINE-DUI (UP TO $525) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 17 DOCKET ENTRY: BASE FINE-DUI ($526 AND GREATER) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 18 DOCKET ENTRY: BASE FINE-SEATBELT (STANDARD FINE) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 19 DOCKET ENTRY: BASE FINE-SEATBELT ($4 -$25) ADD CONDITION: NEVER ADD, DISMISS ONLY DOCKET AMOUNT: CASE: NO REDUCE DOCKET (DISMISSALS): DISMISSED COST CODE: BY ORDER OF JUDGE PERCENTAGE: 100 AMOUNT ADJUSTED: REMAINING AMOUNT REPEAT RESTRICTIONS: MAY BE REPEATED SEQUENCE: 20 DOCKET ENTRY: BASE FI0001
12/2/2008	COURT HELD CHARGES: PARTY NAME: MALLOY,, TYRONE C - DEFENDANT CHARGE NUMBER: 1 ACTION CODE: 40-6-391 DESCRIPTION: DRIV IMPAIRED BY ALCOHOL/DRUGS AMEND. CHARGE: ACTION CHANGE DATE: POSTED SPEED: SPEED: PAYABLE: NO OTN#: PLEA CODE: PLEA DATE: DECISION CODE: DUI PROBATION & FINE DECISION DATE: 12/02/2008 DISPOSITIONS: CODE: GUILTY DATE: 12/02/2008 PARTY CHARGE COMMENTS: COMMUNITY SERVICE CAN BE PERFORMED AT ANY 501(C)(3) ORGANIZATION. NON-REPORTING UPON COMPLETION OF ALL SPECIAL CONDITIONS OF PROBATION JAIL: DAYS IN JAIL: 1 CONCURRENT SUSPENDED: DAYS IN JAIL: 1 PROBATION: TYPE: PRIVATE PROBATION START DATE: 12/02/2008 END DATE: 12/01/2009 YEARS: 0 MONTHS: 12 DAYS: 0 CONDITIONS: CODE: RISK REDUCTION REQ AMT: UNITS: CODE: COMMUNITY SERVICE REQ AMT: 40 UNITS: HOURS CODE: MADD (MOTHERS AGAINST DRUNK DRIVING) REQ AMT: UNITS: DAYS CODE: ALCOHOL/DRUG ANALYSIS REQ AMT: UNITS: RESTRICTION TEXT:
12/2/2008	COURT HELD THE FOLLOWING EVENT: DUI STATUS/SENTENCING SCHEDULED FOR 12/02/2008 AT 8:00 AM HAS BEEN RESULTED AS FOLLOWS: RESULT: EVENT HELD CHARGES: PARTY NAME: MALLOY,, TYRONE C - DEFENDANT CHARGE NUMBER: 1 ACTION CODE: 40-6-391 DESCRIPTION: DRIV IMPAIRED BY ALCOHOL/DRUGS AMEND. CHARGE: ACTION CHANGE DATE: POSTED SPEED: SPEED: PAYABLE: NO OTN#: PLEA CODE: PLEA DATE: DECISION CODE: DUI PROBATION & FINE DECISION DATE: 12/02/2008 DISPOSITIONS: CODE: GUILTY DATE: 12/02/2008 PARTY CHARGE COMMENTS: COMMUNITY SERVICE CAN BE PERFORMED AT ANY 501(C)(3) ORGANIZATION. NON-REPORTING UPON COMPLETION OF ALL SPECIAL CONDITIONS OF PROBATION JAIL: DAYS IN JAIL: 1 CONCURRENT SUSPENDED: DAYS IN JAIL: 1 PROBATION: TYPE: PRIVATE PROBATION START DATE: 12/02/2008 END DATE: 12/01/2009 YEARS: 0 MONTHS: 12 DAYS: 0 CONDITIONS: CODE: RISK REDUCTION REQ AMT: UNITS: CODE: ALCOHOL/DRUG ANALYSIS REQ AMT: UNITS: CODE: MADD (MOTHERS AGAINST DRUNK DRIVING) REQ AMT: UNITS: DAYS CODE: COMMUNITY SERVICE REQ AMT: 40 UNITS: HOURS RESTRICTION TEXT:
12/2/2008	CRIME VICTIM EMERGENCY FUND CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS RECEIPT: 482033 DATE: 12/04/2008
12/2/2008	DRUG/ALCOHOL COSTS CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS RECEIPT: 482033 DATE: 12/04/2008
12/2/2008	PARTY CHARGE DISPOSITION RECORDED CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS
12/2/2008	PARTY CHARGE DISPOSITION RECORDED CHARGE #2: DRIVING IN EMERGENCY LANE/GORE
12/2/2008	FINED IN COURT/PROBATION SENTENCE
12/2/2008	DISMISSED: MERGED OTHER OFFENSE
12/2/2008	IN-COURT SENTINEL PROBATION SENTENCE
12/2/2008	DUI SURCHARGES CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS RECEIPT: 482033 DATE: 12/04/2008
12/2/2008	PEACE OFFICER AND PROSECUTOR TRAINING FUND CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS RECEIPT: 482033 DATE: 12/04/2008
11/24/2008	NOTICE OF CONFLICT ATTORNEY: THOMAS, THOMAS J. ()
10/28/2008	COURT HELD THE FOLLOWING EVENT: DUI STATUS/SENTENCING SCHEDULED FOR 10/28/2008 AT 8:00 AM HAS BEEN RESULTED AS FOLLOWS: RESULT: EVENT HELD EVENTS ADDED: DUI STATUS/SENTENCING HAS BEEN SCHEDULED WITH MUNICIPAL COURT JUDGE ON 12/02/2008 FROM 8:00 AM TO 11:55 AM EVENT NOTES:
10/28/2008	CASE RESET PLEA
10/28/2008	CASE RESET FOR STATUS EVENT: DUI STATUS/SENTENCING DATE: 12/02/2008 TIME: 8:00 AM JUDGE: MUNICIPAL COURT JUDGE LOCATION: COURT 3A
10/28/2008	NOTICE TO APPEAR GENERATED NOTICE TO APPEAR SENT ON: 10/28/2008 12:16:17
10/20/2008	NOTICE OF CONFLICT ATTORNEY: THOMAS, THOMAS J. ()
9/2/2008	ENTRY OF APPEARANCE ATTORNEY: THOMAS, THOMAS JAMES (AT706290)
8/28/2008	NOTICE TO APPEAR GENERATED NOTICE TO APPEAR SENT ON: 08/28/2008 08:12:31
8/28/2008	COURT HELD THE FOLLOWING EVENT: DUI ARRAIGNMENT SCHEDULED FOR 08/28/2008 AT 8:00 AM HAS BEEN RESULTED AS FOLLOWS: RESULT: EVENT HELD EVENTS ADDED: DUI STATUS/SENTENCING HAS BEEN SCHEDULED WITH MUNICIPAL COURT JUDGE ON 10/28/2008 FROM 8:00 AM TO 11:55 AM EVENT NOTES:
8/28/2008	CASE RESET VIDEO
8/28/2008	CASE RESET FOR STATUS EVENT: DUI STATUS/SENTENCING DATE: 10/28/2008 TIME: 8:00 AM JUDGE: MUNICIPAL COURT JUDGE LOCATION: COURT 3A
8/10/2008	ARREST BOND ENTRY ARREST BOND ADDED TO CASE WITH: ACTION CODE: DRIV IMPAIRED BY ALCOHOL/DRUGS ARREST DATE: 08/07/2008 CUSTODY LOCATION: ATLANTA DETENTION CENTER ARREST # TYPE: COMPLAINT/INCIDENT NUMBER NUMBER: 084001086 BOND STATUS: BOND POSTED STATUS DATE: 08/07/2008 BLANKET BOND: NO OKAY TO APPLY: NO BOND TYPE: PRETRIAL ROR BOND AMOUNT: 1536 BOND/PWR NO.: BD08006473M CASH DEPOSITOR: MALLOY,, TYRONE C CHARGE #1: DRIV IMPAIRED BY ALCOHOL/DRUGS

DATE	ENTRY
8/8/2008	ARRAIGNMENT EVENT: DUI ARRAIGNMENT DATE: 08/28/2008 TIME: 8:00 AM JUDGE: MUNICIPAL COURT JUDGE LOCATION: COURT 3A RESULT: EVENT HELD
8/8/2008	ORIGINAL CITATION FILED
8/8/2008	ORIGINAL CITATION FILED