

EXHIBIT 1

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

JACQUELINE JONES, on behalf of)
herself and all others similarly situated,)
)
)
Plaintiff,)
)
and)
)
THE UNITED STATES OF AMERICA,)
)
Plaintiff-Intervenor,)
v.)
)
STATE OF FLORIDA)
)
Defendant.)

Case No. 3:09-cv-1170-J-34JRK

UNITED STATES' COMPLAINT IN INTERVENTION

1. Plaintiff-Intervenor United States alleges, upon information and belief, that the State of Florida fails to provide sufficient community-based services so that Medicaid-eligible individuals with spinal cord injuries who are at risk of institutionalization may be served in the "most integrated setting appropriate to their needs." As set forth more fully below, Florida is in violation of title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12131-12134, Section 504 of the Rehabilitation Act, 29 U.S.C. §794, and their implementing regulations (as interpreted in *Olmstead v. L.C.*, 527 U.S. 581 (1999)). The State continues to fund more costly, institutional care, rather than provide adequate community-based services to persons with disabilities resulting from

spinal cord injuries, in violation of *Olmstead* and the integration mandate. The unmet need for community-based services puts individuals with disabilities at risk of being forced to “relinquish participation in community life they could enjoy given reasonable accommodations, while persons without [] disabilities can receive the medical services they need without similar sacrifice.” *Olmstead*, 527 U.S. at 601. Indeed, the State improperly conditions receipt of community-based services in its Traumatic Brain Injury/Spinal Cord Injury Medicaid Waiver Program (“TBI/SCI Waiver Program”) on institutionalization in a nursing home.

2. The United States brings this action to enforce title II of the ADA and Section 504 of the Rehabilitation Act because unjustified isolation is a recognized form of discrimination that goes to the heart of the ADA and Congress’ intent to eliminate the segregation and isolation of individuals with disabilities. As Congress stated in the Findings and Purposes of the ADA: “historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem.” 42 U.S.C. § 12101(a)(2). Congress’ purpose in enacting the ADA was thus “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities,” including discrimination in the form of segregation, *Olmstead*, 527 U.S. at 589 (citing 42 U.S.C. § 12101(b)(1)), and Congress intended the Attorney General to enforce the statute. *See* 42 U.S.C. § 12101(b)(3).

JURISDICTION AND VENUE

3. This Court has jurisdiction of this action under title II of the ADA, 42 U.S.C. §§ 12131-12132, Section 504 of the Rehabilitation Act, 29 U.S.C. §794(a) and 28 U.S.C. §§ 1331 and 1345. The Court may grant the relief sought in this action pursuant to 28 U.S.C. §§ 2201 and 2202.
4. Venue is proper in this district pursuant to 28 U.S.C. § 1391, given that a substantial part of the acts and omissions giving rise to this action occurred in the Middle District of Florida. 28 U.S.C. § 1391(b).

PARTIES

5. The proposed plaintiff class consists of
- Florida disabled residents with a spinal cord injury who are Medicaid recipients; reside in the community; desire to continue to reside in the community instead of a nursing facility; could reside in the community with appropriate Medicaid-funded services; and are at risk, as determined by the recipient's treating physician or other treating health professional, of being forced to enter a nursing home because Defendants do not provide adequate community-based services.
- See* Motion for Class Certification ¶1, Jan. 6, 2010, ECF No. 28.
6. Members of the proposed plaintiff class have spinal cord injuries that substantially limit one or more major life activities, including personal care activities such as bathing, toileting, and preparing meals. They are therefore individuals with disabilities for purposes of the ADA and the Rehabilitation Act.
7. Plaintiff-Intervenor is the United States of America. The United States brings this action to enforce the rights of Medicaid-eligible individuals with disabilities resulting from spinal cord injuries to receive adequate services in the community so that they will not be unnecessarily segregated in institutions.

8. Defendant State of Florida is a “public entity” within the meaning of the ADA, 42 U.S.C. § 12131(1), 28 C.F.R. § 35.104, and is therefore subject to title II of the ADA, 42 U.S.C. §§ 12131 *et seq.*, and its implementing regulations, 28 C.F.R. Part 35.

9. At all times relevant to this action, Defendant has been, and is, a “recipient” of “Federal financial assistance,” and is therefore subject to Section 504 of the Rehabilitation Act, 29 U.S.C. § 794, and the relevant implementing regulations. *See* Defs.’ Mot. to Dismiss Amended Complaint at 9-10, Dec. 29, 2009, ECF No. 25 (acknowledging that defendants receive Federal financial assistance through Medicaid).

10. Defendant State of Florida administers services to individuals with spinal cord injuries through two state agencies: the Florida Agency for Health Care Administration (AHCA) and the Florida Department of Health (DOH). *See Home and Community-Based Services (HCBS) Waivers*, http://ahca.myflorida.com/medicaid/hcbs_waivers/index.shtml (last visited 8/23/2010); *Florida Department of Health, Brain and Spinal Cord Injury Program*, <http://www.doh.state.fl.us/DEMO/BrainSC/index.html> (last visited 8/23/2010).

11. AHCA is the chief health policy and planning entity for the State and is responsible for administering Florida’s Medicaid services. Fla. Stat. § 20.42(3) (2006). AHCA is the “single state agency” that operates Florida’s Medicaid program, *see* 42 U.S.C. § 1396a(a)(5), and is responsible for administering Florida’s nursing home and community-based long-term care system for people with disabilities. *See Florida Medicaid*, <http://ahca.myflorida.com/medicaid/flmedicaid.shtml> (last visited 8/23/2010).

12. DOH is the primary state agency responsible for administering the Medicaid-funded TBI/SCI Waiver Program for persons who require long-term care in the

community. *See Brain and Spinal Cord Injury Program, BSCIP Home*, <http://www.doh.state.fl.us/demo/BrainSC/index.html> (last visited 8/23/2010); Fla. Stat. § 381.75 (2009).

FACTS

13. Congress enacted Title XIX of the Social Security Act, 42 U.S.C. §§ 1396-1396v, in 1965, thereby establishing the Medicaid program, a medical assistance program cooperatively funded by the federal and state governments. State participation in Medicaid is voluntary, but once a state elects to participate in the Medicaid program, it is required to administer the Medicaid program in accordance with all federal laws, including the ADA and the Rehabilitation Act.

14. Florida participates in the Medicaid program. One source estimates that for each dollar that Florida has spent in 2010 on services in the Medicaid program, it received \$2.09 in federal funding. *See Kaiser Foundation, Medicaid: A Primer*, at 38 (2010), available at <http://www.kff.org/medicaid/7334.cfm> (last visited 8/23/2010).

15. The Medicaid Act authorizes states to obtain Home and Community-Based Services (“HCBS”) waivers from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (“CMS”) to provide alternatives to nursing home care and services. *See* 42 C.F.R. § 441.300 (“Section 1915(c) of the [Medicaid] Act permits states to offer, under a waiver of statutory requirements, an array of home and community-based services that an individual needs to avoid institutionalization.”). Waiver programs reimburse state participants’ costs for a range of home-based services provided to Medicaid recipients. *See* 42 U.S.C. § 1396n(c).

16. Florida provides community-based services to a limited number of individuals with spinal cord injuries through its TBI/SCI Waiver Program. This waiver program was implemented in 1999 with the express purpose of “provid[ing] Medicaid-eligible clients who meet nursing home level of care with long-term, community-based services and supports necessary to live safely and independently in the community.” *See Medicaid Waiver Programs*,

<http://www.doh.state.fl.us/Workforce/BrainSC/Medicaid/medicaidhome.html> (last visited 8/23/2010).

17. To be eligible for the TBI/SCI Waiver Program, an individual must meet certain income and asset criteria, as well as medical criteria which would qualify them for nursing home “level of care.” 42 U.S.C. § 1396n(c) & (d); 42 C.F.R. §441.301; *see also* Fla. Admin. Code R. 65A-1.710(4). Florida residents who have sustained moderate to severe traumatic brain or spinal cord injury and are medically stable and at risk of nursing home care are eligible for the program. *See Medicaid Waiver Program*,

<http://www.doh.state.fl.us/demo/BrainSC/Medicaid/medicaidhome.html> (last visited 8/23/2010).

18. States determine the number of individuals to be served under a particular Medicaid waiver. The State of Florida has limited the TBI/SCI Waiver Program to 375 recipients through 2012. *See Brain and Spinal Cord Injury Program, Core Services Under the Waiver*, <http://www.doh.state.fl.us/demo/BrainSC/Medicaid/providers.html> (last visited 8/23/2010).

19. While a state typically gains waiver approval for a period of time spanning several years, a state may seek amendments or modifications from CMS to increase the

number of individuals served under a particular waiver and such requests are typically granted by CMS in a timely fashion. *See Knowles v. Horn*, No. 08-CV-1492, 2010 WL 517591 (N.D. Tex., Feb. 10, 2010) (citing to *Grooms v. Maram*, 563 F. Supp. 2d 840, 857 (N.D. Ill. 2008)).

20. Expansion of the TBI/SCI Waiver Program would be a reasonable modification of the program. Nonetheless, Florida has maintained the current limit on waiver services in the TBI/SCI Waiver Program despite the long-standing waiting list for services: a January 2010 report reflected that, as of December 2009, 605 individuals were on the wait list for the TBI/SCI Waiver Program. *See Profile of Florida's Medicaid Home and Community-Based Services Waivers*, Florida Legislature Office of Program Policy Analysis & Government Accountability, Report No. 10-10, January 2010, at 11, available at <http://www.oppaga.state.fl.us/summary.aspx?reportnum=10-10> (last visited 8/23/2010).

21. Upon information and belief, the limitation on the number of individuals who can receive services in the Waiver Program means that many individuals with disabilities resulting from spinal cord injuries who want to remain living in their communities are at risk of placement in unnecessarily segregated settings despite being qualified to receive services in the State's community-based, Medicaid funded programs.

22. Named Plaintiff Jacqueline Jones, a 35-year-old woman with quadriplegia, became at risk of institutionalization when her parents' health deteriorated, and they were no longer able to provide all attendant care services Ms. Jones requires to survive. (Affidavit of Jacqueline Jones, ECF No. 12, ¶¶1, 3-4.) Despite her eligibility to receive

services in the State's TBI/SCI Waiver Program, she remained on the wait list for four years.¹

23. Luis Cruz, a 52 year-old man with quadriplegia, is at risk of institutionalization because the in-home services he receives through the State's Medicaid plan are inadequate, and he has been hospitalized several times since January 2010.² (Declaration of Luis J. Cruz, Cruz, et al. v. Arnold, et al., No. 10-23048 (S.D. Fla.), Aug. 18, 2010, ECF No. 3, ("Cruz Decl.") ¶¶ 2, 5) Mr. Cruz applied to receive services in the State's Waiver Program in January 2006, but he remains on the waiting list. (Id. ¶ 8.)

24. Nigel De La Torre, a 27 year-old man with quadriplegia, is at risk of institutionalization due to planned changes in his caregiver circumstances and the inadequacy of in-home services provided through the State's Medicaid program. (Declaration of Nigel De La Torre, Cruz, et al. v. Arnold, et al., No. 10-23048 (S.D. Fla.), Aug. 18, 2010, ECF No. 4 ("De La Torre Decl.") ¶¶ 2 & 3.) He applied for the State's Waiver Program in October 2007, but he remains on the waiting list. (De La Torre Decl. ¶¶ 5-6.)

¹ After Ms. Jones filed her amended complaint asserting class claims, the defendants began the process of assessing her for enrollment in the TBI/SCI Waiver Program. (See Affidavit of Kristen Russell, dated December 18, 2009, ECF No. 24, ¶ 2(C); Pltf.'s Mem. in Opp. to Motion to Dismiss, dated January 13, 2010, ECF No. 33, at 3.) Nonetheless, Ms. Jones's claims remain justiciable under well-settled law. *Friends of the Earth, Inc. v. Laidlaw Environmental Service, Inc.*, 528 U.S. 167, 189-91 (2000); *Secretary of Labor v. Burger King Corp.*, 955 F.2d 681, 684 (11th Cir. 1992).

² On January 27, 2010, the plaintiff filed a motion to amend the amended complaint to add Mr. Cruz, Nigel De La Torre and Dwayne Davidson as named plaintiffs in this action. On August 13, 2010, the motion to amend was denied without prejudice because it raised identical issues presented in the motion to dismiss the amended complaint currently pending before the Court. In light of this Court's May 7, 2010 order, holding that unnamed class members in an uncertified class do not have standing to seek preliminary injunctive relief, a motion for preliminary injunctive relief was filed on August 18, 2010 in a separate action on behalf of Mr. Cruz and Mr. De La Torre. *Cruz, et al. v. Arnold, et al.*, No. 10-725 (M.D. Fla.). On August 23, 2010, that action was transferred to the Southern District of Florida where it has been docketed as *Cruz, et al. v. Arnold, et al.*, No. 10-23048 (S.D. Fla.).

25. Michele Haddad, a 49 year-old woman with quadriplegia, became at risk of unnecessary institutionalization when her caregiver situation changed in 2009. (See Haddad Decl. In Support of Mot. for Prelim. Inj., *Haddad v. Arnold*, No. 10-414 (M.D. Fla.), ECF No. 2-1 (“Haddad Decl.”) ¶¶ 2, 10, 45.) She applied for the State’s Waiver Program in November 2007 and remained on the waiting list until this Court granted her request for preliminary injunctive relief on June 23, 2010. (Id. ¶ 6; June 23, 2010 Order, *Haddad v. Arnold*, No. 10-414 (M.D. Fla.), ECF No. 46.)

26. Defendant has no comprehensive, effectively working plan in place to address unnecessary institutionalization of persons with disabilities resulting from spinal cord injuries. The waiting list for community-based services experiences very little turnover and fails to move at a reasonable pace. Indeed, when Ms. Haddad was on the wait list, the State informed her that few people will be moved off of the waiting list, and that she should seek services elsewhere due to the lack of capacity within the waiver program. See January 8, 2010 Letter to Michele Haddad, Ex. J of Pls.’ Response to Defs.’ Mem. In Opp. to Preliminary Injunction, *Haddad v. Arnold*, 10-414 (M.D. Fla. June 6, 2010), ECF No. 29-10, stating:

[p]resently, the Department of Children and Families does not have funds available (or available openings) to serve additional individuals through these programs. . . . Placement on the waiting list does not ensure future eligibility. Funding is very limited in these programs, and the amount of funding allocated to these programs has not been increased in many years. Unfortunately, moving individuals off the waiting list into these programs does not occur frequently, therefore, we encourage you to continue seeking services from other programs.

27. Instead of developing a plan to address unnecessary institutionalization, the State is offering to fund community-based services only after an individual relinquishes his or her ties to the community and enters a nursing home. See Affidavit of Kristen Russell,

dated June 2, 2010, *Haddad v. Arnold*, 10-414 (M.D. Fla.), ECF No. 27-1 at ¶ 2D (“If Ms. Haddad were to enter a nursing facility, she would be eligible after 60 days for the nursing home transition program, which is funded and which would allow Ms. Haddad to be transferred to the TBI/SCI Waiver Program.”); Affidavit of Kristen Russell, dated September 9, 2010, *Cruz v. Dudek*, No. 1:10-cv-23048 (S.D. Fla.), ECF No. 34-1 ¶ 15 (“If Messrs. Cruz and De La Torre were to enter a nursing home, I estimate they would be transitioned to the TBI/SCI Waiver program after 60 days of nursing home residency, or very soon thereafter.”); *see also* Transcript of June 15, 2010 Preliminary Inj’n. Hr’g. at 104, *Haddad v. Arnold*, 10-414 (M.D. Fla.) (“If somebody is going to spend 60 days in a nursing home, that makes it much more likely that they would have had to, without these services, go into a nursing home. It’s essentially an assessment of need.”)

28. Defendant also delivers personal care assistance services to Florida residents through an Assistive Care Services (“ACS”) program, an optional State Medicaid plan service. The Medicaid program allows states considerable discretion in developing personal care service programs and determining what services will be covered. 42 C.F.R. 441. Defendant chooses to restrict eligibility for these services to Medicaid-eligible individuals living in assisted living facilities, qualified residential treatment facilities, or adult family-care homes (preventing individuals in the community from accessing these services). *See Florida Agency for Health Care Administration, Assisted Care Services*, available at: <http://ahca.myflorida.com/medicaid/asc/index.shtml> (last visited 8/23/2010). Defendant could modify this eligibility restriction to allow individuals with disabilities resulting from spinal cord injuries, who reside in the community, to receive these services.

29. The average per capita rate at which Medicaid reimburses nursing homes for Medicaid services is \$209.20 per day, or roughly \$6276 per month. See AHCA Nursing Home Rates, http://ahca.my.florida.com/Medicaid/cost_reimb. In contrast, the State reported that the average monthly per capita cost of services in the TBI/SCI waiver program during fiscal year 2008-2009 was \$2,361.47. See *Profile of Florida's Medicaid Home and Community-Based Services Waivers*, Florida Legislature Office of Program Policy Analysis & Government Accountability, Report No. 10-10, January 2010, at 11.

30. The State continues to fund costly, unnecessary nursing home placements, while it could instead provide community-based services at a lower cost. The state continues to fund these placements despite the fact that it has admitted that “[i]n most cases, when a Medicaid recipient is diverted or transitioned from a nursing facility to an [in-home services] waiver program, costs to Medicaid for providing care to that individual are reduced.” Affidavit of Michele Hudson, AHCA Bureau Chief for Medicaid Program Analysis, dated June 2, 2010, *Haddad v. Arnold*, 10-414 (M.D. Fla.), ECF No. 26-1 ¶15.

COUNT I

VIOLATION OF TITLE II OF THE AMERICANS WITH DISABILITIES ACT

31. The allegations of Paragraphs 1 through 30 of the Complaint in Intervention are hereby realleged and incorporated by reference.

32. Title II of the ADA, 42 U.S.C. § 12132, prohibits public entities from discriminating against any qualified individual with a disability and from excluding any qualified individual with a disability from “participation in or the benefits of the services,

programs or activities of the public entity” on the basis of disability. 42 U.S.C. §§ 12131-12132.

33. Title II requires a public entity to “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” 28 C.F.R. § 35.130(d). “[U]ndue institutionalization,” “unjustified institutional isolation,” and “unjustified segregation” constitute discrimination under the ADA. *Olmstead v. L.C.*, 527 U.S. 581, 597, 600 (1999).

34. Defendant State of Florida is a “public entity” within the meaning of the ADA, 42 U.S.C. § 12131(1), 28 C.F.R. § 35.104. Defendant is subject to title II of the ADA, 42 U.S.C. §§ 12131 *et seq.*, and its implementing regulations, 28 C.F.R. Part 35.

35. Defendant discriminates against “qualified individual[s] with a disability,” in violation of the ADA by administering its Medicaid program, including its TBI/SCI Waiver Program, in a manner that denies individuals with disabilities the opportunity to receive services in the most integrated setting appropriate to their needs, placing them at risk of unnecessary institutionalization.

36. Providing adequate community-based services to qualified individuals with disabilities resulting from spinal cord injuries so that they can remain living in the community is a reasonable modification of the State’s Medicaid program.

37. Defendant’s actions constitute discrimination in violation of title II of the ADA, 42 U.S.C. § 12132, and its implementing regulations at 28 CFR § 35.130.

COUNT II

VIOLATION OF SECTION 504 OF THE REHABILITATION ACT

38. The allegations of Paragraphs 1 through 37 of the Complaint in Intervention are hereby realleged and incorporated by reference.

39. Section 504 of the Rehabilitation Act, 29 U.S.C. § 794(a) provides:

No otherwise qualified individual with a disability in the United States...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or under any program or activity...

40. The Rehabilitation Act requires recipients of federal financial assistance to “administer programs or activities in the most integrated setting appropriate to the needs of qualified handicapped persons.” 28 C.F.R. § 41.51(d); *see also* 45 C.F.R. § 84.4.

41. The State of Florida receives federal financial assistance.

42. Defendant discriminates against “qualified individual[s] with a disability,” in violation of the Rehabilitation Act by administering its Medicaid program, including its TBI/SCI Waiver Program, in a manner that denies individuals with disabilities the opportunity to receive services in the most integrated setting appropriate to their needs, placing them at risk of unnecessary institutionalization.

43. Providing adequate community-based services to qualified individuals with disabilities resulting from spinal cord injuries so that they can remain living in the community is a reasonable modification of the State’s Medicaid program.

44. Defendant’s actions constitute discrimination in violation of section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and its implementing regulations, 28 C.F.R. § 41.51(d); 45 C.F.R. § 84.1 *et seq.*

PRAYER FOR RELIEF

WHEREFORE, the United States of America prays that the Court:

A. Grant judgment in favor of the United States on its Complaint in Intervention and declare that Defendant has violated title II of the ADA, 42 U.S.C. § 12131, *et seq.*, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, and all relevant implementing regulations;

B. Enjoin Defendant (1) from discriminating against plaintiffs and other members of the public in the administration of its Medicaid services, including the TBI/SCI Waiver Program, in a manner that puts individuals with disabilities at risk of unnecessary institutionalization, and (2) to administer its Medicaid services in the most integrated setting appropriate to the needs of the individuals with disabilities. Relief may include, but is not necessarily limited to:

1. Immediately discontinue the practice of requiring that individuals enter an institutional setting, such as a nursing home, in order to receive community-based services;

2. Expand the Traumatic Brain Injury/Spinal Cord Injury Waiver Program to provide sufficient, periodic increases in Waiver Program slots and community-based services to additional eligible individuals, specifically including persons who are at risk of institutionalization, and eliminating the unreasonable length of the waiting list; and either in combination or alternatively;

3. Expand personal care services, including, but not limited to, the Assistive Care Services program, to provide sufficient home and community-based services to individuals who reside in the community, rather than restricting such services

to individuals residing in assisted living facilities, qualified residential treatment facilities, adult family-care homes or other similar facilities;

C. Order Defendant to modify its policies, practices and procedures as necessary to bring the State into compliance with title II of the ADA, 42 U.S.C. § 12131, *et seq.*, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, and all relevant implementing regulations; and

D. Order such other appropriate relief as the interests of justice may require.

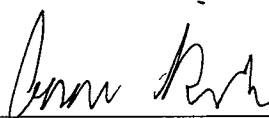
Dated: Sept. 10, 2010

Respectfully submitted,

ERIC H. HOLDER, JR.
Attorney General of the United States



THOMAS E. PEREZ
Assistant Attorney General
SAMUEL R. BAGENSTOS
Principal Deputy Assistant Attorney General
Civil Rights Division



JOHN L. WODATCH, Chief
PHILIP L. BREEN, Special Legal Counsel
RENEE M. WOHLNHAUS, Deputy Chief
ANNE S. RAISH, Trial Attorney
Disability Rights Section
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue, N.W. - NYA
Washington, D.C. 20530
Telephone: (202) 305-1321
Facsimile: (202) 307-1197
Anne.Raish@usdoj.gov
Counsel for Plaintiff-Intervenor
United States of America

CERTIFICATE OF SERVICE

I hereby certify that on September 10, 2010 a true and correct copy of the foregoing has been served by the Notice of Electronic Filing, and was electronically filed with the Clerk of the Court via the CM/ECF system, which generates a notice of filing to the following: Stephen F. Gold, 1709 Benjamin Franklin Parkway, Second Floor, Philadelphia, PA 19103; Jay M. Howanitz, Spohrer & Dodd, P.L., 701 West Adams Street, Suite 2, Jacksonville, FL 32204; Enoch Jonathan Whitney, Office of the Attorney General, 400 South Monroe St. # PL-01, Tallahassee, FL 32399; and Andrew T. Sheeran, Agency for Health Care Administration, 2727 Mahan Drive, Building MS#3, Tallahassee, FL 32308.

/s/ Anne S. Raish

Anne S. Raish, Trial Attorney
Disability Rights Section
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue, N.W. – NYA
Washington, D.C. 20530
Telephone: (202) 305-1321
Facsimile: (202) 307-1197
Anne.Raish@usdoj.gov