

STATE OF MICHIGAN 54B JUDICIAL DISTRICT 30L JUDICIAL CIRCUIT	COMPLAINT FELONY	DISTRICT: CIRCUIT: CTN: 97-26900493-01 AGHC #: 2025-0443097
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District Court ORI: MI330065J 101 Linden Street East Lansing, MI 48823 517-351-7000	Circuit Court ORI: MI330055J 313 W. Kalamazoo P.O. Box 40771 Lansing, MI 48901 517-483-6500	AGHC ORI: MI330035A
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THE PEOPLE OF THE STATE OF MICHIGAN	Defendant's name and address V KURT ROBERT HAMMOND [REDACTED] ANN ARBOR, MI [REDACTED]	Victim or complainant STATE OF MICHIGAN
		Complaining Witness SA JOSEPH DIONISE

Co-defendant(s) (If known)	Date: On or about 01/11/2023-05/16/2024
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City/Twp./Village City of Lansing	County in Michigan INGHAM	Defendant TCN	Defendant CTN 97-26900493-01	Defendant SID 3744202H	
Defendant DOB Put DOB in Ref. No. row 1 on MC 97	Defendant DLN Put DLN in Ref. No. row 3 on MC 97	DLN Type: Oper./Chauf	Vehicle Type	Defendant Sex M	Defendant Race W

Police agency report no. HC 2025-0443097	Charge See below	Maximum penalty See below
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☐ A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.

Witnesses

State of Michigan SA Joseph Dionise

STATE OF MICHIGAN, COUNTY OF INGHAM

The complaining witness says that on the date and at 3500 South MLK Boulevard, the defendant, contrary to law,

COUNT 1: MEDICAID FRAUD - FALSE CLAIM - (SEE ATTACHED CHART)

did knowingly make, present, or cause to be made or presented to a state employee or officer a false claim under the social welfare act, being MCL 400.1 et seq; contrary to MCL 400.607(1). [400.6071]

FELONY: 4 Years and/or \$50,000.00

BENEFICIARY	DATE OF SERVICE	PRODUCT	STATUS MEDICAID
L. B.	02/09/2024	FEMALE CONDOM	PAID (McLaren Health Plan)

Court shall order law enforcement to collect a DNA identification profiling sample before sentencing or disposition, if not taken at arrest.

The complaining witness asks that the defendant be apprehended and dealt with according to law.

Warrant authorized on <u>06/18/2026</u> by:  Date
Dennis Phenev, Jr (P48825) Assistant Attorney General, Health Care Fraud Division P.O. Box 30218, Lansing, MI 48909 (517) 241-6500
☐ Security for costs posted

I declare under the penalties of perjury that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.



Complaining Witness Signature
06/18/2026

Date