AGREED DISPOSITION AND WAIVER OF HEARING

WAIVER

Iollow:	I, Judith Muessigmann the South Dakota Board of Social Work Examiner against me with the Board of Social Work Examin follow:	, a social worker licensed by s, understand that a complaint was filed ers and that the complaint allegations
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Fostering inappropriate dependency of clients on the counselor.
Conflict of Interest as there were very few boundaries and several favors were performed for the counselor by the client.
Multiple Relationships as there was a both a private and professional relationship between the client and the counselor.
Inappropriate acceptance of payment for services.
Violations of the National Social Work Code of Ethics

I further understand that I have a right to a hearing pursuant to SDCL Chapter 1-26 regarding the allegations and that based upon the evidence at such hearing, the Board has the authority to suspend or revoke my license to practice Social Work or enter a reprimand in a degree less than revocation or suspension. Such rights pursuant to SDCL § 36-26-34 include, but are not limited to, the following:

- (1) A contested case hearing as defined in SDCL Chapter 1-26. The hearing is an adversarial proceeding at which the Licensee has the right to be present and to be represented by legal counsel, to introduce evidence and to present testimony on Licensee's behalf, to call witnesses to testify, to cross-examine al witnesses present and to submit argument. If these and other due process rights are not exercised at the hearing they will be forfeited.
- (2) Appealing the decision by the State Board of Social Work Examiners based on the hearing to the circuit court and the State Supreme Court as provided by law.

I understand my rights to a hearing pursuant to SDCL Chapter 1-26 and I voluntarily waive those rights in consideration for the attached Agreed Disposition.

Dated: 5-7-0/

By: fusi-h Mueuijmzni
Social Worker

STATE OF SOUTH DAKOTA STATE BOARD OF SOCIAL WORK EXAMINERS

AGREED DISPOSITION AND WAIVER OF HEARING

AGREED DISPOSITION

The Board of Social Work Examiners and <u>Judith Muessigmann</u>, a social worker, have agreed to the following disposition concerning the above-described complaint.

The social worker understands that this agreed disposition set forth is available for public inspection pursuant to South Dakota Law and that any adverse action taken against a social worker's license must be reported to the National Association for Social Workers.

By: Achar Dear Chairman Board of Social Work Examiners	_By:_	Social Worker	Mueigmenn
Dated: 5/29/01	Dated_	5-9-01	

VOLUNTARY SURRENDER OF SOCIAL WORK LICENSE CSW-PIP

TO: CAROL TELLINGHUISEN, EXECUTIVE SECRETARY SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS 135 EAST ILLINOIS, SUITE 214 SPEARFISH, SD 57783

NOTICE

I, Judith Muessignmann, hereby voluntarily surrender my South Dakota Certified Social Work-Private Independent Practice License No. 118 to the South Dakota Board of Social Work Examiners for permanent revocation and cancellation.

I, further stipulate that the Revocation Order to be entered under this Surrender will be considered permanent. I, Judith Muessignmann, understand, that at some future date, I might want to apply for a Social Work license in the state of South Dakota, but the Board of Social Work Examiners is not obligated to issue a new license to me. At that time, provided I am able to establish that I am fit to hold a South Dakota Social Work License, that I meet all of the requirements for certification, and that my other issues have been resolved, then the Board of Social Work Examiners may, but is not required to, issue a new license.

I, Judith Muessignmann, understand my right to counsel, notice, hearing, and appeal before the South Dakota Board of Social Work Examiners, as well as other rights set forth in SDLC Chapter 1-26 and Chapter 36-26, and I knowingly, intelligently and voluntarily, and without further notice, waive these rights according to the terms herein by entering this Agreement and Stipulation, and without hearing or other proceeding, agree to the conditions of this Agreement and Stipulation. I presently am/am not represented and have/have not consulted with counsel.

This Voluntary Surrender is entered into by me voluntarily and is intended to settle all procedural and substantive issues which I might, otherwise, have raised regarding this proceeding to revoke my license, including any arising under the state or federal constitutions, any statute, and regulation, and inter alia 42 U.S.C. § 1983, that I may have against the State of South Dakota, the Board of Social Work Examiners, or any officer, agent, or employee of either of them. I hereby voluntarily waive, relinquish and forever give up any and all such rights.