

**STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

RICHARD S. WILKINSON, MD
License No. MD.MD.00016229

Respondent.

No. M2022-196

**ANSWER TO
STATEMENT OF CHARGES**

To: Richard S. Wilkinson, MD
302 S 12th Ave
Yakima, WA 98902-3113

Correct Name:

Correct Address:

Correct Phone:

INSTRUCTIONS: Please use this form to answer the Statement of Charges and to request an adjudicative proceeding and opportunity for settlement. Correct your name, address, and phone number above, if necessary. Enter your answers below, then sign and date this form. Return it to:

DEPARTMENT OF HEALTH
ADJUDICATIVE CLERK OFFICE
P.O. BOX 47879
OLYMPIA, WA 98504-7879
(360) 236-4677

THE ADJUDICATIVE CLERK OFFICE (ACO) MUST RECEIVE THIS COMPLETED FORM WITHIN TWENTY (20) DAYS FROM THE DATE IT WAS MAILED TO YOU. If the **twenty (20) day** limit results in a hardship, you may request an extension in writing. ACO must receive your request for an extension within **twenty (20) days** from the date this form was mailed to you. For good cause, the Washington Medical Commission (Commission) will grant an extension not to exceed **sixty (60) days**.

Failure to file an answer within the **twenty (20) day** time limit or within the time limit established by an extension will result in a default. If you are in default you will lose your right to a hearing, and the Commission will enter a Default Order in this case

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without your participation. The Default Order may result in the suspension or revocation of your license.

1. REQUEST FOR ADJUDICATIVE PROCEEDING AND/OR SETTLEMENT

INSTRUCTIONS: Mark one (1) of the following:

I waive my right to an adjudicative proceeding. I enclose my written statement and/or materials for the Commission to consider in deciding the case.

I request an adjudicative proceeding and an opportunity for settlement. If settlement is not reached, I am entitled to a hearing. I understand that a scheduling order will be issued and that either I or my attorney will be required to participate in all scheduled conferences and the hearing.

2. REPRESENTATION

INSTRUCTIONS: Mark the appropriate response and provide correct information:

I will be represented by an attorney who must file a Notice of Appearance.

Name: Peter Serrano, Esq.

Address: 5238 Outlet Drive, Pasco, WA 99301

Phone: (509) 567-7083 pete@silentmajorityfoundation.org

I will not be represented by an attorney.

3. RESPONSE TO ALLEGATIONS

INSTRUCTIONS FOR ADJUDICATION/SETTLEMENT: Indicate below whether you admit, deny, or do not contest each of the alleged facts contained in the numbered paragraphs in the Statement of Charges. Check one (1) response for each numbered paragraph.

Paragraph Number	Admit	Deny	Do Not Contest
1.1		Admit	
1.2		Deny	
1.3		Deny	
1.4		Deny	
1.5		Deny	
1.6		Deny	
1.7		Deny	
1.8		Deny	
1.8.1		Deny	
1.8.2		Deny	
1.8.3		Deny	
1.8.4		Deny	
1.8.5		Deny	
1.9		Deny	
1.10		Deny	
1.11		Deny	
1.12		Deny	
1.13		Deny	
1.14		Deny	
1.15		Deny	
1.16		Deny	
1.17		Deny	
1.18		Deny	
1.19		Deny	
1.20		Deny	
1.21		Deny	
1.22		Deny	
1.23		Deny	
1.24		Deny	
1.25		Deny	
1.26		Deny	
1.27		Deny	
1.28		Deny	
1.29		Deny	
1.30		Deny	
1.31		Deny	

1.32		Deny	
1.33		Deny	
1.34		Deny	
1.35		Deny	
2.1		Deny	
2.2		Deny	

INSTRUCTIONS FOR WAIVER: Mark the appropriate response:

- I have attached a statement and/or other documents in my defense or in mitigation of charges.
- I have not attached a statement and/or other documents.

4. INTERPRETER REQUEST

INSTRUCTIONS: Complete the appropriate information if you request an interpreter because of a limited English speaking ability and/or because of a hearing or speech impairment.

- I request that a qualified interpreter be appointed to interpret for me due to a limited English speaking ability. My primary language is: _____.
- I request that a qualified interpreter be appointed to interpret for me due to a hearing and/or speech impairment. My hearing or speech impairment requires that an interpreter be able to communicate in the following language: _____.

5. SERVICE BY EMAIL AUTHORIZATION

Mark the appropriate response:

- By checking this box, I consent to receive all future communications in this matter by email at the following email address:

Email: pete@silentmajorityfoundation.org

- I do not wish to receive documents via e-mail.

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6. PROCEDURAL RIGHTS

You have the right to an adjudicative proceeding and a hearing, to be represented by an attorney at your own expense, to subpoena witnesses or the production of books or documents, and to otherwise defend against the allegations in the Statement of Charges. The rules relating to the hearing process are contained in Chapter 246-11 WAC.

DATED: August 26, 2022



S. PETER SERRANO, ESQ. #54769

ATTORNEY FOR
RESPONDNET

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CERTIFICATE OF SERVICE

I, Madeline Johnson, hereby declare that on this day I caused the foregoing document to be served, via electronic mail or facsimile, all parties or their counsel of record on the date below as follows:

GCE Resource Mailbox
Kristin G. Brewer, Attorney
Mary Valley, Paralegal
Gabrielle Prebula, Paralegal
Deana Sullivan, Legal Assistant

GCEEF@atg.wa.gov
kristin.brewer@atg.wa.gov
mary.valley@atg.wa.gov
gabrielle.prebula@atg.wa.gov
deana.sullivan@atg.wa.gov

Michael Farrell
Commission Staff Attorney
Washington Medical Commission
P.O. Box 47866
Olympia, WA 98504
Michael.farrell@wmc.wa.gov

Adjudicative Clerk Office
Adjudicative Service Unit
P.O. Box 47879
Olympia, WA 98504-7879
Fax: (360) 586-2171

Health Law Judge, Presiding Officer:
Department of Health
P.O. Box 47879
Olympia, WA 98504-7879
Fax: (360) 586-2171

Dated this 26th day of August, 2022.



Madeline Johnson, Paralegal
Silent Majority Foundation
5238 Outlet Dr.
Pasco, WA 99301
(509) 567-7086
madeline@smfjb.org

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