

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Criminal History)

MEETING DATE: March 31, 2021

APPLICANT: Brian T. Morlet

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Morlet's massage application is before you today due to potential criminal history that could not be approved administratively. Mr. Morlet was previously licensed by NSBMT in September of 2008 and let his license expire on September 30, 2009. No disciplinary actions were discovered or located during this licensure period. Mr. Morlet was arrested on March 14, 2016 for Domestic Battery by Sparks Police Department. Mr. Morlet is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. Staff's recommendation is to approve this application with probation for four years with restrictions.

ACTION:

☐ Approved

☐ Probation

☐ Denied – NRS 640C. _____

☐ Tabled

PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate ~	

Required for Respondent:

Cooperate fully with Board staff to administrate term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.

Board Meeting Application review:

Summary of Brian T. Morlet arrests/charges:

03/14/2016 – Mr. Morlet was arrested by Sparks PD for one count of Domestic Battery (1st Degree).

3/14/2016 – I responded to XXXX for a preserve the peace call. I made contact with the reporting party. Whom stated her boyfriend of 6 years had accused her of cheating. Victim said that when she got home, her boyfriend had thrown most of her belongings outside.

I then made contact with Mr. Morlet who would not come to the door by stepped outside on the back patio of the apartment. Officer XX and myself attempted to explain the process of eviction and the purpose of the civil standby. Morlet refused officers access into the house and stated that victim was not welcome in the house. I explained that victim had a legal right to be in the apartment. Due to Morlet's lack of cooperation, I advised Victim that it would be safer for her to return late once the situation had settled. Prior to leaving the scene, I was advised by officer XXX that victim had advised that prior to officers arriving on scene, Morlet accused victim of cheating and tried to grab her phone. Morlet and victim then began to struggle over the phone. Morlet then pushed victim backwards, causing her to fall backwards against a car. Morlet then walked into the apartment and locked victim out. Victim then called the police. Officer XXX then made contact with upstairs neighbors XXX Herman and XXX Hoffman. Both Hermon and Hoffman were on the patio and observed the altercation and corroborated victim's story. Victim did not have any physical signs of injury and refused all medical attention.

I then attempted to contact Morlet who refused to exit the apartment or talk to me any further about the incident. Morlet said that he was seeking legal counsel and that we were free to leave. Morlet then retreated into his apartment and closed the blinds, turned off the lights.

A routine records check, records showed that neither victim nor Morlet had any criminal history related to Domestic Battery.

Due to independent witnesses who corroborated victim story, it was determined that Morlet was the primary aggressor and there is probable cause for his arrest for Domestic Battery.

At this time, I have not been able to make contact with Morlet to place him in custody. I request that the case be forwarded to the City Attorney's Office for review.

On 3/16/2016 – Brian T. Morlet appeared for arraignment, plead not guilty.

On 4/14/2016 – Brian T. Morlet was given a suspended sentence for time served, fine of \$299.00, 12-14 weeks of anger management and obey all laws for one years.

On 9/6/2017 – Brian T. Morlet completed anger management course and deemed satisfied by Court. Fines waived for time served. Case closed on 9/6/2017.

Prepared by Tereza Van Horn, Executive Assistant



Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application
Application Number: OL201116055809

Fee: \$30.00

APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

Applicant Name

Last Name : MORLET
First Name : BRIAN
Middle Name : T.



List all legal names previously or currently being used by you :

No record found.

Mailing address

Street :

City :

State :

Zip :

Residence address (if different than the mailing address) : ☐ Same as mailing address

Street :

City :

State :

Zip :

Social Security Number :

Date of Birth :

Place of Birth : Reno

Gender : ☒ Male ☐ Female

Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☐ Home ☒ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one- You will still receive Board

notifications)☐ Yes ☒ No**Section 2 : Child Support Information (Pursuant to NRS 640C.430)**

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Section 3 : Previous Licensure Information**Previous Licensure :**

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date
NV	NVMT.3760	2008	09/30/2010

Section 4 : Training and Education**Training :**

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
MILAN INSTITUTE	SPARKS	2007 - 2008	720

Transcript(s)

Document Name	User Defined Document Name	Document Link
201116055809-142083-Transcript.pdf	MILAN INSTITUTE-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
ncetmb	Reno, Nevada	08/01/2010

National Exam Status : ☒ Pass

Date Received :

Score Report Received :X

Document Name	User Defined Document Name	Document Status
201116055809-142084-ScoreReportCard.pdf	NCETM	Pass

Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

Fingerprint Background Waiver

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Board of Massage Therapy** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct

the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Last Name : MORLET

First Name : BRIAN

Middle Name : THOMAS

Street :

City :

State :

Zip :

Date : 12/11/2020

Submitting Agency: Nevada State Board of Massage
Therapy

Address : 1755 E. Plumb Ln. Suite 252,
Reno, NV 89502

VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

Have you ever served in the military: ☐ Yes ☒ No

Branch(es) of Service: (Check all that apply)

- ☒ Army/Army Reserve
- ☒ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☒ National Guard

Military Occupation Specialty/Specialties:

Date(s) of Service: From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

Affidavit of Applicant / Authorization of Release

I, **BRIAN MORLET** certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Brian Morlet

Date : 12/11/2020

Upload

Have you uploaded a current passport quality photo?

Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?

☒ Yes ☐ No

Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?

☒ Yes ☐ No

Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?

☐ Yes ☒ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Certificate of Completion	OL201116055809-144036-Certificate-of-Completion.pdf	MILAN INSTITUTE-DIPL
Photo	3811-143424-MORLET, BRIAN.jpg	
Score Report Card	201116055809-142084-ScoreReportCard.pdf	NCETM
Transcript	201116055809-142083-Transcript.pdf	MILAN INSTITUTE TRANSCP
Social Security Card	OL201116055208-141198-Social-Security-Card.jpg	
Government Issued ID Card	OL201116055208-141197-Government-Issued-ID-Card.jpg	

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



950 Industrial Way
Sparks, NV 89431

(775) 348-7200

USA

Program: MT - Massage Therapy

Status: Grad

Grad Date: 09/12/2008

Enr Term: 12/17/2007 LDA: 09/12/2008

Full Time

Session: D

Student Transcript

Term	Courses	Grade	Units Attempted	Units Completed	GPA
12/17/2007	MAS001 (D-1)	Introduction to Anatomy & Physiology	A	1.5	1.5
12/17/2007	MAS002 (D-1)	Swedish Massage Basics	A	2	2
12/17/2007	MAS003 (D-1)	Ethics	A	0.5	0.5
01/02/2008	MCL001 (D-1)	Clinical Internship	Pass	7	7
01/24/2008	MAS013 (D-1)	Massage Therapy: Communication & Law	A	1	1
01/24/2008	MAS014 (D-1)	Prenatal & Pediatric Massage	B	1	1
01/24/2008	MAS015 (D-1)	CPR/First Aid	Pass	0.4	0.4
01/24/2008	MAS018 (D-1)	Acupressure	A	1.6	1.6
01/24/2008	MAS017 (D-1)	Business Management	B	1	1
03/03/2008	MAS004 (D-1)	Anatomy	A	2	2
03/03/2008	MAS005 (D-1)	Practical Anatomy	B	2	2
03/03/2008	MAS006 (D-1)	Dynamic Practicum	B	1	1
04/07/2008	MAS007 (D-1)	Kinesiology	C	2	2
04/07/2008	MAS008 (D-1)	Shiatsu	A	2	2
04/07/2008	MAS009 (D-1)	Sports Massage	A	1	1
05/12/2008	MAS010 (D-1)	Pathology for the Massage Therapist	C	2	2
05/12/2008	MAS011 (D-1)	Deep Tissue	A	2	2
05/12/2008	MAS012 (D-1)	Passive Joint Mobilization	A	1	1
06/17/2008	MAS016 (D-1)	Physiology	B	2	2
06/17/2008	MAS019 (D-1)	Reflexology	B	1	1
06/17/2008	MAS020 (D-1)	Chair Massage	A	1	1
06/17/2008	MAS021 (D-1)	Aromatherapy & Hydrotherapy	A	1	1
Student Transcript Total			36	36	3.55

Transcript Key

A: Excellent B: Good C: Satisfactory D: Below

F: Fail INC: Not Completed

Brian Thomas

Certificate of Completion

This Certifies That
Brian Morlet

Has Successfully Completed the Prescribed 720 Hours of Instruction in

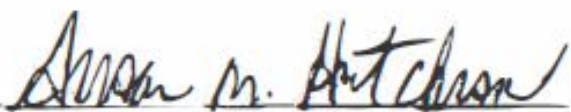
MASSAGE THERAPY

*As Developed and Taught by This School and Thus Having Shown Proficiency
Is Awarded This Certificate by*

Milan Institute

950 Industrial Way • Sparks, NV 89431

This 12th day of September 2008


Director



SEP 17 2008

NSBMT



National Certification Examination for Therapeutic Massage

Official Candidate Score Report

Brlen T. Morlet

USA

CANDIDATE ID:211859059

EXAM:National Certification Examination for Therapeutic
Massage

DATE:08/19/2008 14:07:58.539

GRADE:Pass

Congratulations! You passed the National Certification Examination for Therapeutic Massage.

If you are eligible for certification, you will receive a personalized certificate and other information directly from NCBTMB. Please allow eight to ten weeks for processing and delivery.

If you sat for this exam under the NESL option please remember that the NESL option does not provide national certification. If you would like to consider applying to become Nationally Certified in Therapeutic Massage and earn the right to use the NCTM credential please review the Conversion of NESL to National Certification form available for download on the NCBTMB website (www.ncbtmb.com). Time to convert is limited, so please consider this next step in your professional career today.

If you have any questions, please contact NCBTMB at:

National Certification Board for Therapeutic Massage and Bodywork

Attention: Eligibility Department

1901 S. Meyers Road

Suite 240

Oakbrook Terrace, IL 60181-6243

Phone: 1-800-296-0664 / info@ncbtmb.com

Specific information on the general knowledge content areas and individual passing score is only provided to failing candidates.

Congratulations again on this significant professional milestone.

The National Certification Board for Therapeutic Massage and Bodywork

NSBMT

SEP 25 2008

Received



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

December 30, 2020

Brian T. Morlet

Re: DISPOSITION OF RECORD

Dear Mr. Morlet,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s). **Online printouts cannot be accepted.**
2. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
3. Dispositions from the court(s) you appeared at regarding the attached highlighted arrest dates.
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **06/30/2021**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at nvmassagebd@lmt.nv.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn
Executive Assistant
Enclosed

COPY

Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.

Nevada board of Massage Therapy,

Attn: Ms. Tereza Van Horn

1755 E Plumb Ln Ste 252

Reno NV 89502

Re: Dispositlon of record

Dear Ms. Van Horn, Please accept this letter in response to the letter I received with the information that was requested to complete my Massage Therapy License renewal application. I have included the following documentation.

1. A written narrative describing the incident.
2. Receipts for all of the fines or penalties showing that they have been paid.
3. Disposition from the court that I appeared at regarding the arrest dates.

I appreciate your time and your help with this and do let me know if any further information or documentation is needed.

Sincerely,

Brian Morlet



In 2016 I was arrested for disturbing the peace after a miscommunication following a really bad breakup. The police got called by a third party being her mom who was not present during the disagreement. Things were blown way out of proportion partially because I would not go outside of my apartment to speak with the police, I decided to answer all questions from inside. The police officer did warn that if I did not come out that I would end up being arrested but in my mind, since I had not committed a crime and had answered all of his questions I believed I needed to stay inside of my apartment. However the following morning a different police officer came to my door asking for a statement in which case I was arrested on a "12 hour cool down" but since it was a Friday I was unable to get back out of jail until the following Monday.

Though my ex had written a statement explaining her mother's misinterpretation of our current situation which led to her reaction I still complied with all tasks given to me by the judge. This case is now closed. Please let me know if any further explanation is needed.

Thank you
Brian Morlet



Date: 01/20/2021 10:59:26.8
M12769236

Receipt Sheet

Page: 1

Judge: SPOO, JAMES JAMES

Case No. 16 C 000370
Ticket No. 2204
CTUC

CITY OF SPARKS VS

Mys

DIST. JUDGE THOMAS

DEPT

-08-

My

John
Lio:Sent: H
slid:

Placed:

Date:

Year:

Type:

Value:

Location: SP

Accident: No

SPARKS CITY ATTORNEYS
OFFICE

CRAFT

Bond:
Type:Rate:
Paid:

Charges:

Cl.1 203.485, IN DOMESTIC BATTERY, 1st

WAS IN CONTEST & WAS
SCHEDULED

Offense Dt: 03/14/2016

Date:

Arrest Dt: 03/15/2016

Comments: ASSISTANT CITY ATTORNEY AGREES TO DISTURBING THE PEACE

Sentencing:

Cl.1

Jail Payal

Fines

Costs

Restitution

Probation (H)

Crim Svc (H)

REMARKS:

Sentence

Suspended

Credit

105.00

Expenses:

No.	Filed	Action	Operator	File/Cont	Due
1	02/06/17	COMPLETED BATTERY (DOMESTIC)	SPKOP	0.00	0.00
2	09/06/17	CASE CLOSED	SPKOP	0.00	0.00
3	09/06/17	SUSPENDED SENTENCE ENTERED. COURT CASE IN THE PRESENT OF JUSTICE BY ORDER OF JUDGE JAMES SPOO.	SPKOP	0.00	0.00
4	09/06/17	ORDER MANAGEMENT CONSULTING ORDER SATISFIED BY ORDER OF JAMES SPOO.	SPKOP	0.00	0.00
5	04/14/16	ORIGINAL DISPOSITION FORM SENT TO SPARKS POLICE DEPARTMENT	UNKNOWN	0.00	0.00
6	04/14/16	COPY OF ORDER DYSOLVING NO CONTACT ORDER SENT VIA FACSIMILE TO SPARKS POLICE DEPARTMENT. COPY SENT VIA INTER-OFFICE MAIL TO CITY ATTORNEY, COPY SENT TO COURT APPOINTED ATTORNEY. COPY SENT VIA USPS TO VICTIM. COPY GIVEN TO DEFENDANT AT THE COURTER.	UNKNOWN	0.00	0.00
7	04/14/16	PAY IN 30 DAYS	UNKNOWN	0.00	0.00
8	04/16/16	SENTENCING HEARING HELD The following events: BENCH TRIAL scheduled for 04/16/2016 at 2:00 pm has been rescheduled as follows: Results: SENTENCING REMAINS OPEN Judge: SPOO, JAMES JAMES Location: SPARKS MUNICIPAL COURT	UNKNOWN	0.00	0.00
9	05/16/16	DEFENSE COUNSEL VERUJ. MOTION TO WITHDRAW AS COUNSEL. OF RECORD IS CANCELED	UNKNOWN	0.00	0.00

NSBMT

FEB 23 2021

RECEIVED

Date: 01/29/2021 10:59:26.5
HJN552's

Receipt Sheet

Page: 2

No.	Filed	Action	Operator	Fine/Cost	Due
10	04/14/16	DEFENDANT APPEARED AT 2:10 PM WITH ATTORNEY JUSTIN OWEN, ASSISTANT CITY ATTORNEY THOMAS HOLSON MILES, JR., APPEARING BEFORE JUDGE SPUD.	MINOR	0.00	0.00
11	04/14/16	DEFENDANT PLEA: NO CONTEST. ASSISTANT CITY ATTORNEY THOMAS HOLSON MILES, JR. PLEA TO DISTURBING THE PEACE.	MINOR	0.00	0.00
12	04/14/16	SUSPENDED IMPROVED:	MINOR	0.00	0.00
13	04/14/16	ORDER DISSOLVING NO CONTACT ORDER	MINOR	0.00	0.00
14	04/14/16	\$200.00 OF OUTSTANDING BALANCE: DUE TO CONVICTION TO 2 DAYS WASHCO COUNTY JAIL WITH CREDIT FOR TIME SERVED OF 2 DAYS BY ORDER OF JUDGE SPUD.	MINOR	0.00	0.00
15	04/14/16	ATTORNEY FEES Charge #1: DISTURBING THE PEACE (BREACH OF PEACE) Receipt: 256051 Date: 05/09/2016	MINOR	150.00	0.00
16	04/14/16	23 ADMINISTRATIVE ASSESSMENT FEES - GENETIC MATHIA MONTAGIS Charge #1: DISTURBING THE PEACE (BREACH OF PEACE) Receipt: 256051 Date: 05/09/2016	MINOR	3.00	0.00
17	04/14/16	SPECIALTY COURT FEES Charge #1: DISTURBING THE PEACE (BREACH OF PEACE) Receipt: 256051 Date: 05/09/2016	MINOR	7000	0.00
18	04/14/16	\$10.00 COURT EXPENSES FOR APPEARANCE Charge #1: DISTURBING THE PEACE (BREACH OF PEACE) Receipt: 256051 Date: 05/09/2016	MINOR	10.00	0.00
19	04/14/16	\$65.00 ADMINISTRATIVE ASSESSMENT FEE Charge #1: DISTURBING THE PEACE (BREACH OF PEACE) Receipt: 256051 Date: 05/09/2016	MINOR	65.00	0.00
20	04/14/16	FINE \$200.00 TO \$250.00 Charge #1: DISTURBING THE PEACE (BREACH OF PEACE)	MINOR	200.00	0.00
21	04/14/16	ORIG. A.W. LAWS 1 YEAR	MINOR	0.00	0.00
22	04/14/16	ORDER HADAMOUNT ORDERED 12-11 ITEMS AND/OR APPEALMENT, DEFENDANT TO PROVIDE PROOF OF COMPLIANCE BY APRIL 21, 2016.	MINOR	0.00	0.00
23	04/14/16	JAIL TIME ORDERED 2 DAYS WASHCO COUNTY JAIL/2 DAYS CREDIT TIME SERVED GIVEN TOMAS OUTSTANDING \$200.00 FINE BALANCE.	MINOR	0.00	0.00
24	04/14/16	SUSPENDED JAIL SENTENCE 30 DAYS WASHCO COUNTY JAIL SUSPENDED FOR 1 YEAR	MINOR	0.00	0.00
25	04/14/16	ORDERS FILED OFFICER TIMOTHY GOODWIN C/O SPD	MINOR	0.00	0.00
26	04/14/16	ORDERS FILED OFFICER ROBERT DEBIL C/O SPD	MINOR	0.00	0.00



Date: 01/20/2021 10:59:26.5
MHS5523

Docket Sheet

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No.	Date	Action	Operator	Fine/Cost	Due
27	04/05/16	ARIZONA FILED DORIS A HOLLIST	HSBAM	0.00	0.00
28	04/05/16	ARIZONA FILED DORIS HOLLIST	HSBAM	0.00	0.00
29	04/05/16	ARIZONA FILED JENNIFER H. HOFFMAN	HSBAM	0.00	0.00
30	04/05/16	ARIZONA FILED ALYSSA HODAN	HSBAM	0.00	0.00
31	03/17/16	AWARDED NO CONTACT ORDER PERSONALLY SERVED ON DEFENDANT BY MARSHAL, MARSHAL AT SPARKS MUNICIPAL COURT. COPY SENT VIA FACSIMILE TO SPARKS POLICE DEPARTMENT, COPY SENT VIA FAX TO VICTIM, COPY SENT VIA INTER-OFFICE TO CITY ATTORNEY.	HSBAM	0.00	0.00
32	03/17/16	AWARDED NO CONTACT ORDER AS A CONSEQUENCE OF PRE-TRIAL HEARING WITH THE ALLEGED VICTIM(S): ALYSSA HODAN	HSBAM	0.00	0.00
33	03/17/16	NOTICE OF TRIAL DATE	HSBAM	0.00	0.00
34	03/17/16	COPIES SENT TO CITY ATTORNEY'S OFFICE	HSBAM	0.00	0.00
35	03/17/16	COPY OF NOTICE OF TRIAL DATE SENT TO DEFENDANT	HSBAM	0.00	0.00
36	03/17/16	DEFENDANT APPEARED AT THE COURT TO SIGN ON CONDITIONS UPON RELEASE FROM THE WASHOE COUNTY JAIL.	HSBAM	0.00	0.00
37	03/16/16	NO CONTACT ORDER PERSONALLY SERVED ON DEFENDANT BY DEPUTY ALLEN. COPY SENT VIA FACSIMILE TO SPARKS POLICE DEPARTMENT.	HSBAM	0.00	0.00
38	03/16/16	BENCH TRIAL SCHEDULED Event: BENCH TRIAL Date: 04/14/2016 Time: 2:00 pm Judge: SP00, JUDGE JAMES Location: SPARKS MUNICIPAL COURT	HSBAM	0.00	0.00
39	03/16/16	BEARING RESULTS: The following event, IN CUSTODY ARRESTS scheduled for 03/16/2016 at 1:00 pm has been rescheduled follows: Results: DEFENDANT APPEARED, FILE NOT OPENED Judge: SP00, JUDGE JAMES Location: SPARKS MUNICIPAL COURT	HSBAM	0.00	0.00
40	03/16/16	DEFENDANT APPEARED AT 1:42PM VIA VIDEO WITH ATTORNEY DAVID J. MCCORMACK, ASSISTANT CITY ATTORNEY THOMAS WILSON PRESENT, APPEARING BEFORE JUDGE THE HONORABLE RICHARD HOLMES.	HSBAM	0.00	0.00
41	03/16/16	REPORT UPON INCIDENT FROM CITY	HSBAM	0.00	0.00
42	03/16/16	ON REQUEST GRANTED BY ORDER OF JUDGE FREDERICK R. HOLMES.	HSBAM	0.00	0.00
43	03/16/16	COURT APPOINTED COUNSEL ORDERED	HSBAM	0.00	0.00



Date: 01/24/2021 10:59:26.5
HJTB5925

Docket sheet

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No.	Filed	Action	Operator	Fine/Cost	Due
44	03/16/16	APPLICATION FOR COURT APPOINTED ATTORNEY FINE	WILSON	0.00	0.00
45	03/16/16	ENTRY OF NOT GUILTY PLEA Charge #1: DOMESTIC BATTERY, 1ST	WILSON	0.00	0.00
46	03/16/16	NO CONTACT WITH ALIBORN VICTIM(S): ALYSSA HODSON	WILSON	0.00	0.00
47	03/16/16	HEARING SCHEDULED: Event: 111 CUSTODY ARRAIGNMENT Date: 03/16/2016 Time: 1100 AM Judge: SPDO, JUDGE JAMES MONTGOMERY SPARKS MUNICIPAL COURT Result: DEFENDANT APPEARED, PLED NOT GUILTY	WILSON	0.00	0.00
48	03/16/16	CRIMINAL CONFERENCE FILED DOMESTIC BATTERY 1ST: ALYSSA HODSON	WILSON	0.00	0.00
Totals:				455.00	0.00
Totals By:					
AA FEE				85.00	0.00
ATTORNEY FEE				150.00	0.00
COURT FACILITY FEE				10.00	0.00
FINE				200.00	0.00
DOMESTIC BATTERY				3.00	0.00
ANALYSIS FEE					
INFORMATION				0.00	0.00
SPECIALTY COURT				7.00	0.00
FEE					
*** End of Report ***					

I hereby certify the above and foregoing to be a full, true and correct
copy of the original now on file in the above entitled court & cause.

Hadi Shaw, Court Administrator, Sparks Municipal Court

by

A. Wynn

NSBMT

FEB 23 2021

RECEIVED



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmassagebd@lmt.nv.gov

Website: <http://massagetherapy.nv.gov>

March 1, 2021

Brian T. Morlet

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Mr. Morlet:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 31, 2021. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/95421402454?pwd=VlorZ1ZlaEhaWStWcysOUkEzZGRMUT09>

After registering, you will receive a confirmation email containing information about joining the meeting.

Meeting ID 954 2140 2454

Password 855165

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sandra Anderson".
Sandra X. Anderson
Executive Director

9489 0090 0027 6265 6252 44

A blue ink stamp that reads "ORIGINAL" in a bold, sans-serif font.