

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

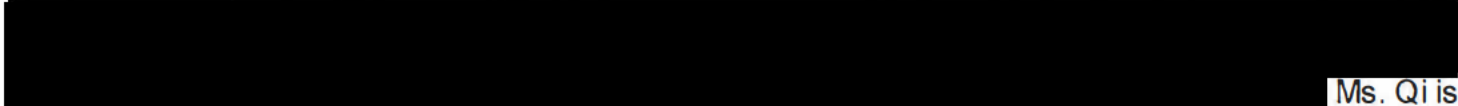
MEETING DATE: January 12, 2022

APPLICANT: Yuqin Qi

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Ms. Qi's massage application is before you today for review that could not be approved administratively.



Ms. Qi is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

ACTION:

Approved

Probation – NRS 640C.700(1)(2) and/or (9)

Denied – NRS 640C.700(1)(2) and/or (9)

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 of _____ CEU hours 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.



Nevada State Board of Massage Therapy

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

Application: License Application
Application Number: OL201124032242

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 : QI

First Name : YUQIN

Middle Name :



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 : China

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.

Licensure information is not required because you have checked "Sign off from Local Jurisdiction to follow".

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
AMO SCHOOL NV	LAS VEGAS	2020 - 2020	650

Transcript(s)

Document Name	User Defined Document Name	Document Link
201124032242-142345-Transcript.pdf	AMO SCHOOL-TRANSCP	Document Detail

Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
MBLEX	Los Angeles CA	12/22/2012

National Exam Status :

Date Received :

Score Report Received

Document Name	User Defined Document Name	Document Status
OL201124032242-143942-ScoreReportCard.jpg	MBLEX	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 : QI

First Name : YUQIN

Middle Name :

Street :

City :

State :

Zip :

Date : 12/9/2020

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 Speciality/Specialities:

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, **YUQIN QI** 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 : YUQIN QI

Date : 12/9/2020

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
Score Report Card	OL201124032242-143942-ScoreReportCard.jpg	MBLEX	
Photo	13286-143136-QI, YUQIN.jpg		
Transcript	201124032242-142345-Transcript.pdf	AMO SCHOOL-TRANSCP	
Certificate of Completion	201124032242-142344-Certificate-of-Completion.pdf	AMO SCHOOL-DIPL	
Social Security Card	OL201124031941-141826-Social-Security-Card.pdf		
Government Issued ID Card	OL201124031941-141825-Government-Issued-ID-Card.pdf		

Application Fees

All fees are non-refundable.

Fee Detail(s)

Payment Detail(s)

Payment Method:

Amount Paid:



AMO School NV

4001 S DECATUR BLVD # 24, LAS VEGAS NV 89103
TEL: 702-280-7599 EMAIL: INFO@AMOSCHOOL.COM
HTTP://WWW.AMONV.COM

Name: Yuqin Qi
CUM GPA: 2.5
Start Date: 06/08/2020

Student ID: AMP0608D12
Date of Birth:
Graduation Date: 10/30/2020



Official Student Academic Transcript

Professional Massage Therapist Program 650 Hours			
285 Hours Theory		365 Hours Practicum	
SUBJECT	HRS	SUBJECT	HRS
1. Health & Safety	10	1. Swedish	75
2. Contraindications	16	2. Tuina Massage	75
3. Special Population	19	3. Reflexology	15
4. Traditional Chinese Medicine	20	4. Trigger Point	15
5. Meridian	10	5. Neuro Muscular	15
6. Anatomy & Physiology	105	6. Sport Massage	30
7. Kinesiology	20	7. Myofascial Release	15
8. Pathology	40	8. Hydrotherapy	15
9. Professional Business	20	9. Lymphatic Drainage	15
10. Professional Ethics	25	10. Chair Massage	15
		11. Clinic	80
Theory GPA	C	Practicum GPA	B

GPA: A 100-90%. B 89 - 80%. C 79 - 70%. D 69 - 65 F- Fail 64 - 0% T = Transfer


Instructor


Director

ANMO School NV



This Certifies That
Yuqin Qi
Has successfully completed the Program
**Tuina Professional
Message Therapist (650 Hours)**



[Signature]
Instructor

As Developed by this School
And having shown proficiency is hereby awarded this

Diploma

06/08/2020 - 10/30/2020

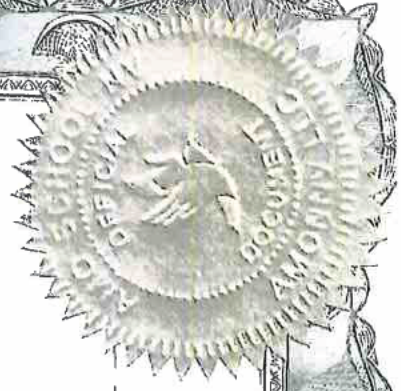
Date

[Signature]

Director



ANMO SCHOOL NV





MBLEx Results: 12/1/2020



MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous Attempt(s)</u>	<u>Language</u>	<u>School</u>
Qi	Yuqin			12/22/2012	Pass		English	American International Vocational College MONTEREY PARK CA



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>

January 29, 2021

Yuqin Qi

Re: DISPOSITION OF RECORD

Dear Ms. Qi,

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 **07/31/2021**. 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 State Board of Massage Therapy
1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 687-9955
Fax (775) 786-4264
Email: nvmessagebd@lmt.nv.gov
Website: <http://massagetherapy.nv.gov>

August 31, 2021

Yuqin Qi

Re: Missing documents

Ms. Qi:

We are not able to process your Nevada massage application due to the following missing documents:

- 1.) Written narrative
- 2.) Receipts for all fines or penalties
- 3.) Disposition from the court(s)
- 4.) Background results expire on 7/31/2021

Please provide all of the above information within 60 days of receipt of this letter or inform the Board of when you anticipate having everything compiled.

If you have any questions, please email our office at nvmessagebd@lmt.nv.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Tereza Van Horn", is written over the word "Sincerely,".

Tereza Van Horn
Executive Assistant
NSBMT

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

1755 E. Plumb Lane, Suite 252
Reno, NV 89502

Invoice

Date	Invoice #
8/31/2021	1130

Phone # 775-687-9955

Bill To
Yuqin Qi

Terms	Due Date
Net 15	9/15/2021

Description	Amount
Background Investigation Fee	85.00
Total	\$85.00



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>

October 4, 2021

Yuqin Qi

Re: DISPOSITION OF RECORD

Dear Ms. Qi,

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 **03/31/2022**. 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 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 7, 2021

Yuqin Qi

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 Ms. Qi:

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(s) on January 12, 2022. 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:

Zoom sign-in available at 8:30 a.m.
Register in advance for both meetings:

<https://us06web.zoom.us/j/86981107368?pwd=cVhxOFhuVGRNOTV3clhvTnRPOUZKdz09>

Meeting ID: 869 8110 7368

Password: 627930

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 blue ink signature of Sandra L. Anderson, Executive Director, is written over the name and title.

Sandra L. Anderson
Executive Director

COPY

9489 0090 0027 6351 4476 75



A Professional Law Corporation

5288 SPRING MOUNTAIN ROAD, SUITE 103
LAS VEGAS, NEVADA 89146

Michael M Lin, Esq.

TELEPHONE 702.671.9888

Also Admitted in CA

FACSIMILE 702.648.0888

Also Admitted in AZ

EMAIL: linlawgroup@gmail.com

November 30, 2021

Via E-mail: Tyanhorn@lmt.nv.gov and Facsimile (775)786-4264

Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Suite 252
Reno, NV 89502
Attn: Tcreza Van Horn

Re: Letter of Representation
Yuqin Qi

Dear Nevada State Board of Massage Therapy:

Please be advised that this firm represents the above-referenced client. Please kindly direct all future correspondences to our firm and inform us of future hearing(s) should there be any scheduled. Please feel free contact our office if you have any questions.

Very Truly Yours,

Michael Lin, Esq
For the Firm

LIN LAW GROUP (faint watermark)

NSBMT
NOV 30 2021
RECEIVED

Yuqin Qi

November 29, 2021

Via Facsimile (775) 786-4264

Nevada State Board of Massage Therapy
1755 E. Plumb Lane, Suite 252
Reno, NV 89502

Re: Criminal History Record
Incident in Harris County, Texas; County Criminal Court Cause No. 1660235

Dear Nevada State Board of Massage Therapy:

I am writing in response to the letter sent by you dated on October 4, 2021 to provide a written narrative description of the incident on my criminal record.

On or around February 10, 2010, I was working at a massage establishment, where the name I do not recall now, in Harris County, Texas as a massage therapist. I was licensed in California at the time. I did not speak fluent English. An undercover police officer came to the establishment as a customer. I greeted him and discussed on the price of a massage. I then proceeded to provide a full body massage. The police officer inquired for more services. Due to the language barrier, I did not fully understand what the officer was inquiring. I did NOT agree on a price nor provide any sexual services. The officer proceeded to have the law enforcement come in the establishment and arrested me. I was later released on bail.

I retained an attorney to represent me on the case. The case was dismissed on March 11, 2010 because the police officer that came to the establishment as a customer was under investigation by the police department. I was not convicted of any crimes.

I have enclosed all the related court documents for your review. I have not been charged with any crime since the incident and have a clean record for working in the massage industry since around 2008 to around 2015 in California and have not had disciplinary actions taken against me by the State Massage Board during that period. I am looking to obtain my massage license in Nevada because I moved to Las Vegas in 2019 with my husband and have been living in Las Vegas since then. I wish to practice as a massage therapist again and hope to help the public with my job.



I thank you for your time and consideration on my license application. Your favorable decision is greatly appreciated. Please feel free to contact my attorney should you have further questions.

Regards,

Yuqin Qi

Yuqin Qi



2/1/2010
E3/10/9/10

OFFENSE: Prostitution

CAUSE NO. 1660235

THE STATE OF TEXAS

IN THE _____ DISTRICT COURT
IN COUNTY CRIMINAL COURT AT LAW NO. 10

VS.

Yugin Qi

OF
HARRIS COUNTY, TEXAS

MOTION TO DISMISS

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES the State of Texas, by and through her District Attorney, and respectfully requests the Court to dismiss the above entitled and numbered criminal action for the following reason:

- The Defendant was convicted in another case.
- In custody elsewhere.
- Old case, no arrest.
- Missing witness.
- Request of complaining witness.
- Motion to suppress granted.
- Co-Defendant tried, this Defendant testify.
- Insufficient evidence.
- Co-Defendant convicted, insufficient evidence this Defendant.
- Case refiled as cause no. _____
- Other.

FILED
Loren Jackson
District Clerk
MAR 11 2010
Time: _____
By _____
Harris County, Texas
Deputy

EXPLANATION:

offic Roccate is main witness under investigation

WHEREFORE, PREMISES CONSIDERED, it is requested that the above entitled and numbered cause be dismissed.



Respectfully submitted,

[Signature]

Assistant District Attorney
Harris County, Texas

ORDER
MAR 11 2010

The foregoing motion having been presented to me on this the ____ day of _____, A.D.20 ____ and the same having been considered, it is, therefore, ORDERED, ADJUDGED, and DECREED that said above entitled and numbered cause be and the same is hereby dismissed.

[Signature]

JUDGE: _____
DISTRICT COURT
COUNTY CRIMINAL COURT AT LAW NO. 10
HARRIS COUNTY, TEXAS

White-Original

Yellow-Defendant's Copy

Pink-State's Copy



I, Loren Jackson, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date
 Witness my official hand and seal of office
 this July 08, 2010

Certified Document Number: 44779432 (Total Pages 1)

LOREN JACKSON, DISTRICT CLERK
 HARRIS COUNTY, TEXAS



In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

Reset Form

CAUSE NO. 1660235

THE STATE OF TEXAS

IN THE COUNTY CRIMINAL

V. YU QIN QI

COURT AT LAW NO. 100

Defendant Name:

HARRIS COUNTY, TEXAS

Charge: PROSTITUTION

Case Reset Form

Reset Date: The undersigned Defendant and Counsel acknowledge that this case is reset from 18 FEB 2017

to: 3/11/10 at 8:30 AM

- The State has offered:
- The State and Defense agree as follows:

[Signature]
 Attorney for State Signature

[Signature]
 Defendant Signature On Bond In Jail

Fines, Court Costs, and Restitution

Fine: _____
 Costs: _____
 Total: _____
 Restitution: _____

ALFRED R. VALDEZ
 Attorney for the Defendant (print) Retained Appointed

20426200
 Attorney Bar # Attorney SPN

[Signature]
 Attorney Signature

Attorney Email Address _____
 Attorney Telephone No.: 713.899.6926
 Attorney Fax No.: 713.339.4299

FOR COURT STAFF USE ONLY

Reset by: Defense Prosecution Court

- Setting Reason:
- | | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> ARR | <input type="checkbox"/> PLEA | <input type="checkbox"/> DADH | <input type="checkbox"/> PTMO | <input type="checkbox"/> MAJ / MRPH | <input type="checkbox"/> PNDC |
| <input type="checkbox"/> HEAR | <input type="checkbox"/> SFJS | <input type="checkbox"/> DADS | <input type="checkbox"/> PTCR | <input type="checkbox"/> DISM | <input type="checkbox"/> MCHJ |
| <input checked="" type="checkbox"/> NTRL | <input type="checkbox"/> MOTN | <input type="checkbox"/> DADD | <input type="checkbox"/> CTRL | <input type="checkbox"/> SFBF | <input type="checkbox"/> MCH |
| | | | <input type="checkbox"/> JTRL | <input type="checkbox"/> Other _____ | <input type="checkbox"/> MCRH |

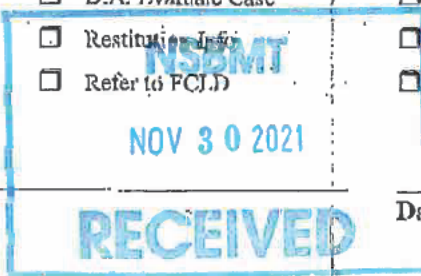
Reason for Reset:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> To Hire Attorney | <input type="checkbox"/> D.A. Chief Unavailable | <input type="checkbox"/> Defendant On Call | <input type="checkbox"/> Compliance MAJ / MRP |
| <input type="checkbox"/> No Offense Report | <input type="checkbox"/> D.A. Re-file As Felony | <input type="checkbox"/> Defendant Has New Case | <input type="checkbox"/> No MHMR Evaluation |
| <input type="checkbox"/> No Tape / Lab | <input type="checkbox"/> D.A. Evaluate Case | <input type="checkbox"/> Attorney Not Present | <input type="checkbox"/> Complete Program: |
| <input type="checkbox"/> RIP | <input type="checkbox"/> Restitution Info | <input type="checkbox"/> FELP | |
| <input type="checkbox"/> File Unavailable | <input type="checkbox"/> Refer to PCJD | <input type="checkbox"/> Need Clearance Letter | <input type="checkbox"/> Other: _____ |

Setting Date Approved By: _____

Judge / Coordinator

Date Signed



02478328

THE STATE OF TEXAS
VS.

YUQIN QI

SPN: 02478328
DOB: AF 06-27-1962
DATE PREPARED: 2/11/2010

D.A. LOG NUMBER: 1606767
CJIS TRACKING NO.: 9165101774-AD01
BY: EG D.A. NO: 001977499
AGENCY: WPD
O/R NO: 1000383
ARREST DATE: 02-11-2010

NCIC CODE: 4004 03

RELATED CASES:

MISDEMEANOR CHARGE: PROSTITUTION

CAUSE NO:

BAIL: \$500

PRIOR CAUSE NO:

HARRIS COUNTY CRIMINAL COURT AT LAW NO: 1660235

FIRST SETTING DATE: 10

02-18-2010

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS:

Comes now the undersigned Assistant District Attorney of Harris County, Texas on behalf of the State of Texas, and presents in and to the County Criminal Court at Law No. _____ of Harris County, Texas, that in Harris County, Texas, YUQIN QI, hereafter styled the Defendant, heretofore on or about FEBRUARY 11, 2010, did then and there unlawfully knowingly agree to engage in sexual conduct, namely, deviate sexual intercourse, to-wit: MASTURBATING, with J. QUINTANA, for a fee.

NSBMT
NOV 30 2011
RECEIVED

FILED
Loren Jackson
District Clerk
FEB 11 2010
1945
Time: _____
By: _____
Harris County, Texas
Deputy

AGAINST THE PEACE AND DIGNITY OF THE STATE.

[Signature]

ASSISTANT DISTRICT ATTORNEY
OF HARRIS COUNTY, TEXAS.

[Signature]

BAR CARD NO.

INFORMATION



I, Loren Jackson, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date
Witness my official hand and seal of office
this July 08, 2010

Certified Document Number: 44542412 (Total Pages 1)

LOREN JACKSON, DISTRICT CLERK
HARRIS COUNTY, TEXAS



In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com