

**NEVADA STATE BOARD OF MASSAGE THERAPY**

**AGENDA ACTION SHEET**

**TITLE:** Application Review (Education and Administrative)

**MEETING DATE:** March 30, 2022

**APPLICANT:** Cierra D. Carter

**REVIEW UNDER:** NRS 640C.700

**BACKGROUND INFORMATION:**

Ms. Carter's massage application is before you today for review that could not be approved administratively. Ms. Carter was arrested on March 17, 2019, for domestic battery by Sparks Police Department. Original charge was amended to disturbing the peace after a plea deal by Ms. Carter and the city attorney. Ms. Carter is requesting to be granted a license under NRS 640C.580 and is before you today for review under NRS 640C.700.

**ACTION:**

- Approved
- Denied
- Probation – NRS 640C.700(3) and/or (9) and NAC 640C.40 (1)(t)
- 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.

Board Meeting Application review: Cierra D. Carter:

**3/17/2019:** Arrested by Sparks PD for Domestic Battery. Arrest was not listed on background.

Statement from records request received by SPD.

*On March 17, 2019, I responded to the report of a domestic battery that had occurred at XX in Sparks. Cierra Carter had called Sparks Police dispatch to report that her and her boyfriend, whom she has two children in common with, had gotten into a verbal argument. Carter stated that the argument then progressed and that her boyfriend, DB, had pushed her out of a bedroom. She then stated that she went into the room and smacked him in the head. On our arrival to the residence, I made contact with both DB and Carter.*

*I first met with DB who informed me that he had tried to separate Carter from the children because she was upsetting the children with her anger and loud behavior. DB informed me that he had to push Carter out of the room because she would not leave them alone, and was trying to follow him and the children, and force her way into the room. DB stated that Carter made her way into the room after having walked away and smacked him and proceeded to tell him that she was going to leave and kill herself. DB completed a written statement to document his version of what had happened.*

*I made contact with Carter who told me a similar series of events and indicated that she did in fact strike DB in the head after having left the doorway and returning. Carter provided a written statement as to document her side of what had occurred. Carter stated that she was upset and acknowledged what she did was wrong and out of spite.*

*DB had no injuries or marks on his face or head, and Carter had no marks on her hands. I did not photograph them as there was no evidence to photograph in this case. I did attempt to speak with RC, who was seven (7) years old. RC was very upset and stated that he saw mom hit dad. I did not ask any further questions as I did not wish to further upset RC.*

*Carter was arrested for domestic battery and taken into custody. Washoe County Social Services was called to address the issues inside the house. The house was not very clean and there were food boxes on the floor from pizza restaurants. The children seemed mostly healthy and fairly clean. I provided this information, as well as the children's information to social services. Carter was then transported and booked.*

**NRS 640C.700 Grounds for refusal to issue license or for disciplinary action.** The Board may refuse to issue a license to an applicant, or may initiate disciplinary action against a holder of a license, if the applicant or holder of the license:

3. Has been convicted of a crime involving violence, prostitution or any other sexual offense, a crime involving any type of larceny, a crime relating to a controlled substance, a crime involving any federal or state law or regulation relating to massage therapy, reflexology or structural integration or a substantially similar business, or a crime involving moral turpitude;

9. Has, in the judgment of the Board, engaged in unethical or unprofessional conduct;

**NAC 640C.410 "Unethical or unprofessional conduct" interpreted. (NRS 640C.320, 640C.700)**

1. As used in subsection 9 of [NRS 640C.700](#), the Board interprets the phrase "unethical or unprofessional conduct" to include, without limitation:

(t) Endangering the safety of the general public, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence.

Prepared by Tereza Van Horn, Executive Assistant



**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@mt.nv.gov](mailto:nvmessagebd@mt.nv.gov)  
 Website: <http://massagetherapy.nv.gov>

**Massage Therapy Application**

Structural Integration Practitioner     Massage Therapist     Reflexologist

Type or print legibly all portions of this application. Incomplete applications will not be processed.

**Section 1 Personal Information**

Applicant Name: Last Carter First Cierra Middle Initial D

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

Residence address (do not list post office boxes or mailbox drop addresses):  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address (if less than 1 year):  
 Street N/A City N/A State N/A Zip N/A

Mailing address (if different than the residence address):  
 Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: SPARKS, NV

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Gender: Male  Female

Business Name: N/A

Business Address:  
 Street N/A City N/A State N/A Zip N/A

Email Address: \_\_\_\_\_

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**

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.

Paid \$ \_\_\_\_\_ QB \_\_\_\_\_

For Office Use Only:  
 Date Sent \_\_\_\_\_ Tracking \_\_\_\_\_

**Section 3 Licensure Information**

List ALL jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology and Structural Integrationist. Please attach another sheet of paper if you need more room.

\* A Certified Statement from State Licensing Authority must be completed for each state where you have held a license.

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

Jurisdiction/ State	License Number	Year Issued (YYYY)	Expiration Date (MM/DD/YY)

**Section 4 Massage Training and Education**

Request official transcripts from the registrar of your school(s) and have them mailed directly to the Nevada State Board of Massage Therapy.

A certificate of completion (diploma) will need to be submitted for each massage, reflexology or structural integration program you completed.

Name of School	City and State	Years From and To (YYY-YYY)	Hours Completed
Milian Institute	Sparks, NV	2020 - 2021	720

**Section 5 National Exam Information**

MBLEX  NCETM  NCETMB  IASI  ITEC  ARCB  IIR  NCBTMB-R

Official Score Report must be sent to our office directly from the Federation of State Massage Therapy Boards, NCBTMB, IASI, ITEC, ARCB, IIR or NCBTMB-R.

The Score Report given to you when the test was taken will not be accepted.

Where Taken (City/State)	Date Taken (MM/DD/YY)	Expiration Date (MM/DD/YY)
Reno, NV	05/29/2021	



You must answer all of these questions by checking the appropriate "Yes" or "No" box. If a conviction and/or criminal offense has been pardoned, dismissed, expunged or your record has been sealed you must answer yes.

**Section 6 Application Screening Questions (use additional sheets of paper if needed)**

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. Have you <b>ever</b> had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration? If yes, please provide the following information for each occurrence: <b>(*required)</b>  *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____  *Date of revocation/suspension/surrender/ or any other disciplinary action (MM/DD/YYYY): _____ *Licensing agency/jurisdiction that took action: _____ *Name and address of employer/supervisor: _____ _____ *Reason for action: _____
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or defendant <input type="checkbox"/> and describe the nature of the litigation. (Attach a separate sheet of paper)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3. Are you currently or have you <b>ever</b> been required to register as a Sex Offender? (Tier I, II or III) If so, please explain (Use additional paper if necessary) _____ _____
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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;  If yes, fill in the following with complete and accurate information for each accusation or arrest: <b>(*required)</b> *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____ *Date of charge/offense (MM/DD/YYYY): _____ *Name and address of law enforcement agency: _____ _____ *Charge: _____ *Disposition: _____



If you have answered "Yes" to any of the questions above, you **MUST** include:

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome of the incident(s) for each accusation or arrest.
2. Receipts for all fines or penalties showing that they have been paid for each accusation or arrest. You need to contact the court or the licensing agency.
3. Dispositions from the court(s) you appeared before regarding the arrest dates.

## Affidavit of Applicant / Authorization of Release

I, 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.


Signature of Applicant: Cierra Carter / Cierra Carter Date: 10/12/2021

State of Nevada County of Churchill

Signed and sworn to before me this 12 day of October 2021

Cierra Carter, who personally appeared before me.

Stephanie J. Gill Notary Public Signature  
06-21-2023 Notary commission expiration date

(Official Stamp)  STEPHANIE J. GILL  
Notary Public-State of Nevada  
APPT. NO. 19-2738-4  
My Appt. Expires 06-21-2023

**NSBMT**  
OCT 22 2021  
**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@state.nv.us](mailto:nvmassagebd@state.nv.us)

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

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.

Structural Integration Practitioner     Massage Therapist     Reflexologist

**Nevada Veteran Data**

Have you ever served in the military:  Yes  No

If Yes, check all that apply:

Branch(es) of Service:

<input type="checkbox"/> Army/Army Reserve	<input type="checkbox"/> Marine Corps/Marine Corps Reserve
<input type="checkbox"/> Navy/Navy Reserve	<input type="checkbox"/> Air Force/Air Force Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard/Coast Guard Reserve

Military Occupation Specialty/Specialties: \_\_\_\_\_

Date(s) of Service: From \_\_\_\_\_(DD/MM/YYYY) To \_\_\_\_\_(DD/MM/YYYY)

If you are a veteran and have been licensed by another jurisdiction you may qualify for license by endorsement. Please read NRS 640C.426.





FINGERPRINT BACKGROUND WAIVER

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 in

Applicant's Name: Carter Cienra, D Applicant's Signature: [Handwritten Signature]

Date: \_\_\_\_\_

Submitting Agency: Nevada State Board of Massage Therapy

Agency Representative: Kim Buckingham Signature: [Handwritten Signature] Date: 11/21/21





950 Industrial Way  
Sparks, NV 89431

(775) 348-7200  
www.milaninstitute.edu



ID: 201900234  
DOB:  
US Phone:

Program: MT - Massage Therapy  
Status: Transfer Exp. Grad: 11/10/2020 Full Time  
First Term: 02/20/2020 LDA: 04/14/2020 Session: D

Program: MT - EVE - 36 - Massage Therapy  
Status: Grad Grad Date: 04/02/2021 Full Time  
First Term: 02/20/2020 LDA: 04/02/2021 Session: E

Program: MT - Massage Therapy  
Status: No Start Exp. Grad: 10/12/2020 Full Time  
First Term: 01/22/2020 Session: D

### Student Transcript

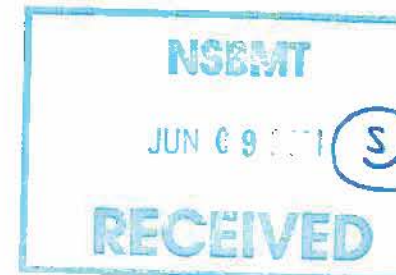
Term	Course	Grade	Hours	Units		GPA
				Attempted	Completed	
02/20/2020	SFS111 (D-1)	A	20.00	2	2	
02/27/2020	PDC111 (D-1)	A	20.00	2	2	
03/05/2020	MT111 (D-1)	B	30.00	3	3	
03/17/2020	MT113 (D-1)	A	10.00	1	1	
04/01/2020	MT117 (D-1)	B	40.00	3.5	3.5	
04/21/2020	MT120 (E-1)	B	40.00	3.5	3.5	
05/05/2020	MT131 (E-1)	B	40.00	3.5	3.5	
08/03/2020	MT112 (E-1)	C	40.00	2	2	
08/19/2020	MT123 (E-1)	A	20.00	2	2	
08/26/2020	MT124 (E-1)	B	20.00	1	1	
08/28/2020	MTC132 (E-1)	A	120.00	4	4	
09/02/2020	MT125 (E-1)	A	20.00	1.5	1.5	
09/10/2020	MT126 (E-1)	A	20.00	0.5	0.5	
09/24/2020	MT129 (E-1)	B	20.00	1	1	
10/01/2020	MT130 (E-1)	B	40.00	2.5	2.5	
10/29/2020	MT114 (E-1)	A	40.00	4	4	
11/12/2020	MT115 (E-1)	A	40.00	2	2	
11/30/2020	MT116 (E-1)	W	20.00	1	0	
12/21/2020	MT118 (E-1)	A	20.00	1	1	
01/11/2021	MT119 (E-1)	A	20.00	1	1	
02/02/2021	MT121 (E-1)	A	20.00	1	1	
02/09/2021	MT122 (E-1)	B	40.00	2.5	2.5	
02/24/2021	MT116 (E-1)	C	20.00	1	1	
03/03/2021	MT133 (E-1)	C	40.00	4	4	
03/24/2021	MT127 (E-1)	A	8.00	0	0	
03/25/2021	MT128 (E-1)	A	12.00	0.5	0.5	
<b>Student Transcript Total</b>			<b>780</b>	<b>51</b>	<b>50</b>	<b>3.31</b>

Transcript Key

A: Excellent B: Good C: Satisfactory D: Below  
F: Fail INC: Not Completed

Official Signature:

*This Certifies That*  
**Cierra Carter**



*Has Successfully Completed the Prescribed 780 Hours of Instruction in*

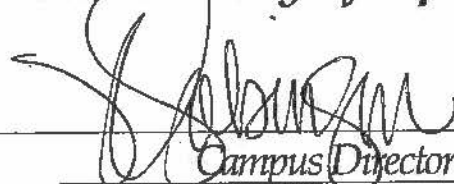
**MASSAGE THERAPY**

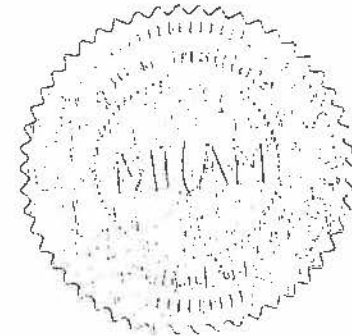
*As Developed and Taught by This School and Thus Having Shown Proficiency  
Is Awarded This Certificate by*

**Milan Institute**

950 Industrial Way • Sparks, NV 89431

*This 2<sup>nd</sup> day of April 2021*

  
\_\_\_\_\_  
Campus Director





**FSMTB**  
FEDERATION OF STATE  
MASSAGE THERAPY BOARDS

MBLEx Results: 6/1/2021



MBLEx Result Jurisdictional Report

State: NV

<u>Last Name</u>	<u>First Name</u>	<u>Last four</u> <u>SS#</u>	<u>DOB</u>	<u>Exam Date</u>	<u>Pass/Fail</u>	<u>Previous</u> <u>Attempt(s)</u>	<u>Language</u>	<u>School</u>
carter	cierra			5/29/2021 11:29:46 AM	Pass		English	MILAN INSTITUTE OF COSMETOLOGY - SPARKS NV



## CARTER, CIERRA D - ONE-TIME QUERY RESPONSE

### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: CARTER, CIERRA D  
 Date of Birth: Gender: FEMALE  
 Home Address:  
 Social Security Number:  
 License: MESSAGE THERAPIST, NO LICENSE  
 Professional School(s): MILAN INSTITUTE (2021)

### B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E  
 Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
 Entity Name: NEVADA STATE BOARD OF MASSAGE THERAPY (DBID ending in ...94)  
 Authorized Submitter: TEREZA VANHORN, EXECUTIVE ASSISTANT, (775) 687-9953

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/27/2022

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

----- No Reports Found Based on the Subject Information Submitted -----



**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](mailto:nvmassagebd@lmt.nv.gov)

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

November 15, 2021

Cierra D. Carter

Re: DISPOSITION OF RECORD

Dear Ms. Carter,

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 **02/28/2022**. 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](mailto:nvmassagebd@lmt.nv.gov).

Sincerely,

  
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.**

01/12/2022

Cierra Carter



To Whom it may concern:

This is the written narrative of the incidents that occurred and the outcome on March 17<sup>th</sup>, 2019.

I, Cierra Carter was involved in a verbal argument with my children's father Donald Brown. At this time the argument was loud, and the neighbors had called the police, to do a welfare check. Upon the police arriving, the police had informed us after talking to both Donald and I, that one of us had to go with the police, due to the nature of the welfare check. At this time, I volunteered myself to go with the police. I was booked for "Domestic Battery, first offence", into the Par correctional facility in Washoe county. I was held for the mandated 12 hours and was released on my own recognizance.

I appeared in court on May 2<sup>nd</sup>, 2019, for a bench hearing. I had already been enrolled into domestic violence counseling classes before hearing. The charge was dropped to disturbing the peace, by the city attorney. They took the classes I was already enrolled in and gave me completion on May 2<sup>nd</sup>, 2019.

The result of this incident was a closed case on disturbing the peace by my completion of this case on May 2<sup>nd</sup>, 2019, therefore no further action was needed or taken from this incident and was closed to completion. All fines, and or obligations were fulfilled before the required time asked.

I do realize that this was a big mistake and misunderstanding, however this is not my character. I am a compassionate person who loves helping others achieve goals, with massage being my passion, I truly can help people achieve their health goals. I did learn from this experience and the counseling I received help me understand how to better handle conflicting situations and to how to avoid being put into them in the future.

Thank you for taking the time read this explanation regarding the events on March 17<sup>th</sup>, 2019.

Sincerely,

Cierra D Carter



Judge: SPOO, JUDGE JAMES

Case No. 19 C 000395  
Ticket No. 19-2343  
CTN:

CITY OF SPARKS VS

By:

CARTER, CIERRA DON

DEFENDANT

-vs-

By: MCCORMICK, DANIEL

Lic: Sex: F  
Sid:

Plate#: Make: Year: Type: Venue: Location: SP  
Accident: No

SPARKS CITY ATTORNEYS OFFICE CFLNT Bond: Type: Set: Postee:

Charges:

Ct.1 200.485.1A DOMESTIC BATTERY, 1ST PLED NO CONTEST & WAS SENTENCED  
Offense Dt: 03/17/2019 Cvr:  
Arrest Dt: 03/17/2019  
Comments: ASSISTANT CITY ATTORNEY AMENDS TO DISTURBING THE PEACE

Sentencing:

Ct.1 Sentence Suspended Credit  
Jail (Days)  
Fines  
Costs  
Restitution  
Probation (Mo) Expires:  
Comm Svc (Hr)  
REMARKS:

No.	Filed	Action	Operator	Fine/Cost	Due
1	05/02/20	COMPLETED BATTERY (DOMESTIC)	SSNOW	0.00	0.00
2	05/02/20	CASE CLOSED	SSNOW	0.00	0.00
3	05/02/19	CRIMINAL DISPOSITION FORM SENT TO SPARKS POLICE DEPARTMENT	MMENDEZ	0.00	0.00
4	05/02/19	SENTENCING HEARING HELD The following event: BENCH TRIAL scheduled for 05/02/2019 at 2:00 pm has been resulted as follows:  Result: SENTENCING HEARING HELD Judge: SPOO, JUDGE JAMES Location: SPARKS MUNICIPAL COURT	MMENDEZ	0.00	0.00
5	05/02/19	DEFENSE COUNSEL VERBAL MOTION TO WITHDRAW AS COUNSEL OF RECORD IS GRANTED	MMENDEZ	0.00	0.00
6	05/02/19	DEFENDANT APPEARED AT 3:18PM WITH ATTORNEY DANIEL MCCORMICK, ASSISTANT CITY ATTORNEY ROSALBA ARANGO-JOHNSON PRESENT, APPEARING BEFORE JUDGE PRO TEMPORE COTTER CONWAY. VICTIM PRESENT NO IMPACT STATEMENT MADE.	MMENDEZ	0.00	0.00
7	05/02/19	DEFENDANT PLEA: NO CONTEST. ASSISTANT CITY ATTORNEY AMENDS TO DISTURBING THE PEACE.	MMENDEZ	0.00	0.00
8	05/02/19	SENTENCED IMPOSED:	MMENDEZ	0.00	0.00
9	05/02/19	ATTORNEY FEES WAIVED	MMENDEZ	0.00	0.00





No.	Filed	Action	Operator	Fine/Cost	Due
10	05/02/19	OBAY ALL LAWS 1 YEAR	MMENDEZ	0.00	0.00
11	05/02/19	JAIL TIME ORDERED 2 DAYS WASHOE COUNTY JAIL/2 DAYS CREDIT TIME SERVED	MMENDEZ	0.00	0.00
12	05/02/19	SUSPENDE JAIL SENTENCE 30 DAYS WASHOE COUNTY JAIL TO BE SUSPENDE FOR 1 YEAR	MMENDEZ	0.00	0.00
13	04/22/19	SUBPOENA FILED DONALD BROWN	SSNOW	0.00	0.00
14	04/10/19	SUBPOENA FILED OFFICER IAN HAMM-CARL C/● SPD	ASULLIVAN	0.00	0.00
15	03/27/19	SUBPOENA FILED DONALD BROWN	SSNOW	0.00	0.00
16	03/18/19	COPIES SENT TO COURT APPOINTED ATTORNEY	TCHOMANI	0.00	0.00
17	03/18/19	COPIES SENT TO CITY ATTORNEY'S OFFICE	TCHOMANI	0.00	0.00
18	03/18/19	COPY OF NOTICE OF TRIAL DATE GIVEN TO DEFENDANT	TCHOMANI	0.00	0.00
19	03/18/19	NOTICE OF TRIAL DATE	TCHOMANI	0.00	0.00
20	03/18/19	BENCH TRIAL SCHEDULED Event: BENCH TRIAL Date: 05/02/2019 Time: 2:00 pm Judge: SP●O, JUDGE JAMES Location: SPARKS MUNICIPAL COURT	SGARCIA	0.00	0.00
21	03/18/19	HEARING RESULTED: The following event: CRIMINAL ARRAIGNMENTS scheduled for 03/18/2019 at 10:00 am has been resulted as follows:  Result: DEFENDENT APPEARED, PLED NOT GUILTY Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT	SGARCIA	0.00	0.00
22	03/18/19	DEFENDANT APPEARED AT 10:19 A.M. PRO PER, APPEARING BEFORE JUDGE MCCARTHY	SGARCIA	0.00	0.00
23	03/18/19	COURT APPOINTED COUNSEL ORDERED	SGARCIA	0.00	0.00
24	03/18/19	APPLICATION FOR COURT APPOINTED ATTORNEY FILED	SGARCIA	0.00	0.00
25	03/18/19	ENTRY OF NOT GUILTY PLEA Charge #1: DOMESTIC BATTERY, 1ST	SGARCIA	0.00	0.00
26	03/18/19	DEFENDANT MUST REMAIN IN CONTACT WITH COURT APPOINTED COUNSEL PENDING TRIAL.	SGARCIA	0.00	0.00
27	03/18/19	DEFENDANT MUST NOTIFY SPARKS MUNICIPAL COURT WITHIN 72 HOURS OF ANY CHANGE IN RESIDENCE, WORK ADDRESS AND/OR PHONE NUMBER	SGARCIA	0.00	0.00
28	03/18/19	DEFENDANT IS HEREBY RELEASED FROM REPORTING TO PRETRIAL COURT SERVICES BY ORDER OF JUDGE MCCARTHY.	SGARCIA	0.00	0.00
29	03/18/19	RANDOM TESTING UNTIL FURTHER COURT ORDER	SGARCIA	0.00	0.00



No.	Filed	Action	Operator	Fine/Cost	Due
30	03/18/19	SUBJECT TO SEARCH AND SEIZURE FOR ALCOHOL, DRUGS, AND PARAPHERNALIA UNTIL FURTHER COURT ORDER	SGARCIA	0.00	0.00
31	03/18/19	NO CONSUMPTION OR POSSESSION OF ALCOHOL, DRUGS OR DRUG PARAPHERNALIA UNTIL FURTHER COURT ORDER	SGARCIA	0.00	0.00
32	03/18/19	OBEY ALL LAWS UNTIL FURTHER COURT ORDER	SGARCIA	0.00	0.00
33	03/18/19	CRIMINAL COMPLAINT FILED DOMESTIC BATTERY 1ST OFFENSE ALLEGED VICTIM: DONALD BROWN	MMENDEZ	0.00	0.00
34	03/18/19	HEARING SCHEDULED: Event: CRIMINAL ARRAIGNMENTS Date: 03/18/2019 Time: 10:00 am Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT  Result: DEFENDENT APPEARED, PLED NOT GUILTY	MMENDEZ	0.00	0.00
35	03/17/19	OR RELEASE BY PRETRIAL COURT SERVICES	MMENDEZ	0.00	0.00
Total:				0.00	0.00
Totals By: INFORMATION *** End of Report ***				0.00	0.00

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.

Heldi Shaw, Court Administrator, Sparks Municipal Court

by *dlw*

