

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: January 12, 2022

APPLICANT: Domenico R. Lonardo

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:

Mr. Lonardo's massage application is before you today for review that could not be approved administratively. [REDACTED]

[REDACTED]

[REDACTED] Mr. Lonardo 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(2)(3) and/or (9)
- Denied – NRS 640C.700(2)(3) and/or (9)
- Tabled – NRS 640C.700(2)(3) and/or (9)

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, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: nvmessagebd@lmt.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 LONARDO First DOMENICO Middle Initial R

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

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

Previous address (if less than 1 year):
Street _____ City _____ State _____ Zip _____

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

Social Security Number: _____ Date of Birth: _____ Place of Birth: Rochester New York

Home Phone: _____ Cell Phone: _____ Business Phone: _____ Gender: Male Female

Business Name:

Business Address:
Street _____ City _____ State _____ Zip _____

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, Reflexologist and/or 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.

Check here if you are actively licensed in any state or jurisdiction.

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

Section 4: Massage Training and Education – All massage, reflexology or structural education must be listed below. (Failure to disclose all education could result in an application denial)

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 (YYYY-YYYY) | Hours Completed |
|-------------------------|----------------|-------------------------------|-----------------|
| EUROPEAN message school | Las Vegas N.V | 2020-2021 | 610 |
| | | | |
| | | | |
| | | | |
| | | | |

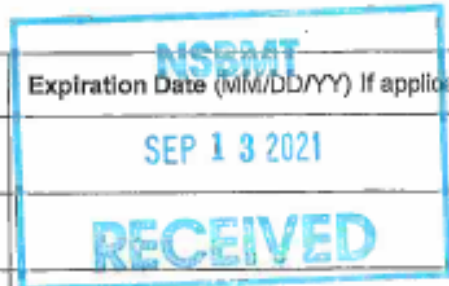
Section 5: National Exam Information – All massage, reflexology or structural exams must be listed below. (Failure to disclose all exams taken could result in an application denial)

MBLEX NCETM NCETMB CESI ITEC ARCB IIR NCBTMB-R

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

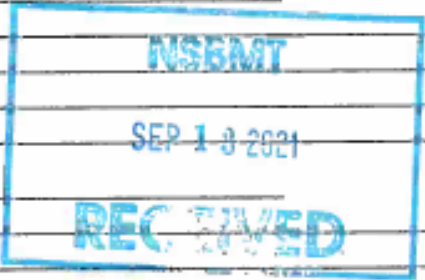
The Score Report given to you when the test was taken will not be accepted.

| Where Taken (City/State) | Date Taken (MM/DD/YY) | Expiration Date (MM/DD/YY) if applicable |
|--------------------------|-----------------------|--|
| Las Vegas N.V. | 08-14-2021 | SEP 13 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 ever 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: (*required) *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 ever 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: (*required) *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: *Domenico Lonardo* Date: 09-09-2021

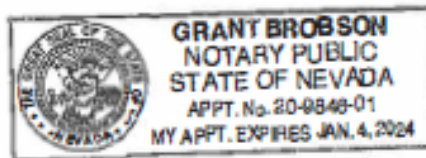
State of NEVADA County of Clark

Signed and sworn to before me this 9th day of September, 2021

Domenico Lonardo, who personally appeared before me.

Grant Brobson
Notary Public Signature

1-4-2024
Notary commission expiration date



(Official Stamp)





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NA

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

Are you currently active or a spouse of an active service member? Yes No

Are you currently licensed in any state or jurisdiction? Yes No

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.





Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Massage Therapy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

NSBMT

SEP 13 2021

RECEIVED

Applicant:

DL

Initial

09-06-2021

Date

SEP 13 2021

RECEIVED

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it: it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a photograph. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada State Board of Massage Therapy (name of requesting agency), 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.
10. 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.

Applicant's Name: LOWARDO DOMENIC R
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: Domenic R...
 Date: _____

Agency Account #: _____
 Agency Representative: Buckingham Kimberly _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: Kimberly Buckle
 Date: 9/21/21



OFFICIAL TRANSCRIPT
 Credential: Diploma
 OFFICE OF THE REGISTRAR

NAME: Domenico Lonardo **SOCIAL SECURITY #:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____
DATES OF ATTENDANCE: 11-30-2020 to 8-23-2021 **GRADUATION DATE:** 8-23-2021

| COURSE NUMBER | COURSE TITLE | HOURS | GRADE | GRADING SYSTEM | | |
|----------------------------|---------------------------------------|------------------------------|------------------|--|-----------------|--------|
| | | | | Grade | Description | G.P.A. |
| BUS 111 | Ethics and Business Practices | 40 | A | A | Excellent | 4.0 |
| SCI 101 | Anatomy and Physiology I | 32 | B | B | Good | 3.0 |
| SCI 102 | Anatomy and Physiology II | 56 | B | C | Average | 2.0 |
| SCI 103 | Anatomy and Physiology III | 32 | B | D | Unsatisfactory | 1.0 |
| MAS 101 | Swedish Massage I | 68 | A | F | Failure | 0.0 |
| MAS 102 | Swedish Massage II | 52 | A | P | Pass | |
| MAS 121 | Chair Massage | 20 | C | I | Incomplete | |
| MAS 106 | Clinical Practice I* | 28 | P | W | Withdrawal | |
| MAS 115 | BMT and Therapeutic Massage | 24 | B | TC | Transfer Credit | |
| SCI 104 | Kinesiology | 28 | B | European Massage Therapy School is accredited by Accrediting Bureau of Health Education Schools (ABHES) and approved by Nevada Commission on Postsecondary Education | | |
| SCI 105 | Pathology | 40 | B | | | |
| MAS 122 | PNF Stretching | 24 | A | | | |
| MAS 125 | Introduction to Affiliated Therapies* | 76 | P | | | |
| MAS 107 | Clinical Practices II* | 66 | P | | | |
| MAS 131 | Oriental Massage Techniques* | 12 | P | | | |
| NEC 101 | National Exam Preparation* | 12 | P | | | |
| Program Total | | 610 | GPA: 3.27 | | | |
| Final Written Test: | A | Final Practical Test: | A | | | |

Date: 8/23/2021

Director:

THIS TRANSCRIPT IS OFFICIAL ONLY IF SIGNED AND EMBOSSED WITH THE SCHOOL SEAL
 Student in Good Academic Standing unless indicated otherwise

*Pass/Fail Courses



European Massage Therapy School

NSBMT

AUG 24 2021

(S)

RECEIVED

This Certifies That

Domenico R Lonardo

has successfully completed the Course of Study prescribed in

Massage Therapy (610 hours)

and is awarded this

Diploma

#27464N30AG2321

Given in Las Vegas, Nevada on this 23rd day of August 2021

Director



Manager



FSMTB

FEDERATION OF STATE
MASSAGE THERAPY BOARDS

MBLEx Results: 8/16/2021

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> |
|------------------|-------------------|----------------------|------------|--------------------------|------------------|----------------------------|-----------------|---|
| Lonardo | Domenic | | | 8/14/2021 3:33:49 PM | Pass | | English | EUROPEAN MASSAGE THERAPY SCHOOL - LAS VEGAS NV |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | [REDACTED] | | [REDACTED] | [REDACTED] [REDACTED] [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] [REDACTED] [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | [REDACTED] | | [REDACTED] | [REDACTED] [REDACTED] [REDACTED] |



Nevada State Board of Massage Therapy

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October 5, 2021

Domenic R. Lonardo

Re: DISPOSITION OF RECORD

Dear Mr. Lonardo,


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,


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.

Mail body: Fwd: narrative

Sent from my iPhone

Begin forwarded message:

From: Domenico Lonardo
Date: October 13, 2021 at 12:40:43 PM PDT
To:
Subject: narrative



By, Domenico Lonardo
Incident. 1996-04-16

I was 19 years old, in Florida visiting some friends. We are in the down town area. The area is full of restaurants, bars, live entertainment. I am in a bar playing pool when I see commotion. Then I see my friend Mike and it looks like a fight. I hurry over to him and can see, yes it is a fight and he is out numbered. I try to stop this mess. I suppose my method of screaming stop. Didn't work. Now I am getting hit from the side. Not sure who even hit me. I grab Mike and am trying to get out of the building. There was to many of them. I never made it out. Police show up and arrest everyone. I hire a lawyer and plead to time served.

Incident. 1999-06-05

I was 22 years old, at a club in downtown Rochester NY. I found my way in the coat room with my girlfriend Megan and we are kissing and laughing when security comes in. They remove Megan and tell me to empty my pockets. Stuck in this dark room with several security around me. I empty my pockets. I had nothing in them, except keys. Then security tells me to give them my money if I want to stay. I told them I didn't have any money. Then they pat me down and throw me out. Outside I see Megan, she gives me a hug. I hand her the keys and she hands me a fold up baton. Then I hear, hey you stop. I look and security is coming my way real fast. So I start running and they are chasing me. I am not sure why I am running or why they are chasing me. I find myself against a tall metal gate. I throw the baton over the gate. These men start taunting me and begin pepper spraying me. Now I am on the ground and security from another club intervene and pick me up. Tell them to stop. The first security quickly hand cuff me from behind. They walk me back to the club and try to proceed inside. I tell them I am not going in their. Bring him in the basement one of them said. I refuse. Security picks me up by my arms and legs and try bringing me inside. I begin thrashing and screaming help me. Until a level headed man I never met before convinces security to set me down and call the police. So they end up sitting me down still handcuffed behind my back. I am telling them I am in a lot of pain. I have post surgery on my shoulder and wrist. They laugh. The police show up. Take the cuffs off me. Double cuff me so I am not in pain and look for and find the baton I threw. They bring me to jail. My Lawyer makes it go away with time served.

Incident. 2010-05-06

Leading up to the incident. In 2009 I was on a business trip in Cancun Mexico. I met a Mexican women named Lidia Bernell. Lidia and I spent the entire week together and did have relations before we parted. When I get back to the states, Lidia calls me and tells me that she is pregnant and the child is mine. So after discussing it with my family and Lidia's family, we decide for Lidia to come to America. So I send Lidia a ticket and next thing she is at my home. At this time I have a small indoor marijuana grow in my basement. Exotic plants have always been a hobby/passion of mine. So for me it was easier and safer to grow my own marijuana rather than buy it. Plus I knew what was in my marijuana. It was much cleaner with no chemicals. When Lidia arrives in the states she ends up going to LA. To visit with her aunt. Even though I gave Lidia money, Lidia gets caught shop lifting and her visa is expired. Now in LA and in trouble, Lidia decides to tell the police (ice) about my grow in NY. To sell her story she added crimes that the police never found, but the grow was true. Just a lot smaller than what the police expected. So law enforcement starts an investigation on me. For months I was followed and surveillance. Eventually raided and arrested. Not finding anything they hoped for except a small grow which was empty. I had several baby plants either rooting or incubating, nothing in the grow or bloom. I was about to receive 1 year probation or 6 months in county jail. Then the FBI decide to take over the state case. The exact same charge in the feds was no longer probation but a minimum of 5 years in federal prison. This was about 1 year before federal judges had the discretion to go under the mandatory sentencing guide lines. So the judge gave me the minimum sentence allowed by law at that time. The judge put me in the lowest security prison. Camp/low. Where I carried out my sentence and was released early for good behavior. I was sent to the hallway house which I completed and was released to supervised release. Probation. I was on probation for about 2 years. In the 2 years I was 100% compliant. Passed every urine screen including the 6am surprise visit. Answered the phone every time. I was at work every time probation decided to show up at my job or any where I claimed to be, I was. Had zero police contact. Things where good and the probation officer was talking about letting off probation early. Then my probation officer was changed. This knew man made my life very difficult. Where I had to ask him why he was doing all the extra effort to punish me. His response was "it is my job." I tell him that my charge does not constitute for this treatment. Then I say surely you have other people who have sex crimes rape, murder much worse than growing weed and you

only have so much time and you are wasting it on me. He replies I treat everyone the same. I say that sounds like a mistake. The last p.o. didn't act this way. He says I do not care about the last p.o.

Then he forces me to produce pay checks every week. Even though I produced several and he shows up at my job. Was introduced to my boss. I was getting paid bi weekly but he wanted a check every week. Then when I went into independent contractor he forced me to go to the probation office in the federal building every Wednesday morning. Find parking, pay for it. Go through body scanners and all that goes with downtown cities. Not the best way to start the day. Plus I am late to work and have to talk to my boss about being late every Wednesday. He is sending my urine samples to secondary labs for second opinions but both labs always agreed. Constant surprise visits and placed a curfew on me. Which leads into the following incident.

Incident. 2019-06-23

A few weeks before this incident. My mother and I had organized for her father my grandpas 105th birthday party. My mom flew in from Vegas to make this happen. So my mother and I begin planning the party at the nursing home my grandpa lives at. We ordered food and beverage for over fifty people. No alcohol. Picked up the food and payed for it. Then delivered it to the nursing home and began setting up. Blowing up balloons and the like. This was a big event. The local news was doing a story of my grandpa to help him celebrate 105 years. It was special. At this time I would like to add that I was the only one out of 5 grandkids who would go visit gramps every weekend. Saturday and Sunday. The others never went. I never missed one. I loved that man. He did so much for all of us. Super kind gentle man. He did not understand why my cousins never went to see him. Heart breaking. I only stayed for an hour. Sometimes less sometimes more. He didn't care he was happy to see me. I was able to translate for the nurses. Grandpa didn't speak real good English. This man was good to everyone of us. He would ask me why the others didn't come see him. I teared and did not have an answer. And we would sit in either comfortable silence or chat it up. Either was perfect.

So at the birthday my cousin Angela brought her third husband Dean to the party empty handed and ready to eat. Dean looks at me and says, oooo rice balls. Dean does not know my mother and I heard of terrible things he spoke about me and threatened my father several years before when I was locked up. So I say to Dean, can you step out back with me I would like to ask you something in private. Dean says sure. We step outside. I ask dean if what I heard was true and he tells me yes and admitted to it all. I ask him to leave. This man tells me "I aint going no where. Well you are not coming back in side. He tries to walk pass me but I block the door call him some names and tell him to kick rocks. Now Dean calls his police friends and the police show up. I have met and played poker with Dean and a table full of his police friends many times. So when the police arrive they hand cuff me and tell me I assaulted Dean but the back door Dean and I walked through is glass and so is the entire back wall, from floor to ceiling all glass zero obstruction. There was over 50 people now in attendance including the entire staff and several nurses that seen us step out back and where discussing something but no one seen and assault. Zero witnesses except for his wife my cousin Angela says I assaulted Dean. Next they tell me I stole Deans eye glasses but can not find them on me or any where and every witness complies that I have not left the room after coming back in side. They decide to write me an appearance ticket but bring me to the police station. They do not put me in a cell they keep me in a room with other cops harassing me. Giving me breathalyzers checking my shoes. Taking off my socks. Kept me there until the birthday party was over and the news crew was gone. That was grandpas last birthday.

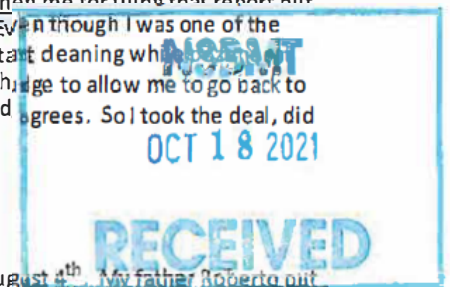
That night I called my po. The following morning my po comes to my home and I try to explain myself. He decides to put me on an ankle bracelet and shorten my curfew which included that I can not leave my home on Saturday or Sunday. I was no longer allowed to visit my grandpa. I have not committed any crime but I did have police contact. I ask him that if I had to call the police for my protection that would be police contact and he tells me yes and I could violate you for any police contact. He does not care about any of my concerns not even my visits with my grandpa.

Incident. 2019-06-23

I refuse any more of this abuse and do not except the terms. He brings me to jail. The judge puts me back in the halfway house. I try to explain to whom ever would listen. That I was sexually assaulted at the halfway house and have an open case. I been contacted by Washington and gave my statement. Before I left the halfway house the first time the front desk tells me out loud in front of who ever was there that if I come back they would make my life hell. They threaten me for filing that report but the report was true. Well true to their word immediately putting me on cleaning duty everyday. Even though I was one of the few residents that worked full time. They expected me to come back from a full day of work and start cleaning while around watching tv or playing cards. So again I refuse this treatment and back to jail I go. I ask the judge to allow me to go back to prison for 6 months minus the time the po has kept me in jail and release me a free man. The judge agrees. So I took the deal, did did 4 months and was done.

The incident on August 4th 2021 is as follows.

I Domenic Lonardo have an extremely abusive father. The week leading up to the incident on august 4th my father Roberto put his hands on my mother and was brought to jail. When released he continues his abuse. On the day in question I was outside cleaning the shed and was going through paint cans and organizing. My father comes outside as loud as he possibly can screaming. Started calling me terrible things and was one Inch from my face. I continued to back up and plea for him to stop. While I was confused why he was acting in such a manner he continued his verbal abuse. Then picked up a hammer and half swung it at me. As I flinched he kicks over the large garbage can, kicks the dog out of his way and starts throwing paint cans. Again he is in my face and decides to spit in my face all the while closing distance. I push him off me all the while begging him to stop. As I was able to lock myself in the bathroom he is screaming through the door and begins to scream at my mom. My mom does not know why he is screaming. So I call the police. The police arrive and watch the video which shows him kicking the dog, knocking



over the large garbage can, the hammer swing, spitting on my face, me pushing him off and all the verbal abuse. The police officer tells me he is going to bring my father to jail but I ask for help. I believe he needs medical treatment. At the very least a diagnosis. I have dozens of these reactions for no apparent reason on video and he seems to be getting worse. The officer starts going over some possible options when his partner arrives. This officer decides to bring me to jail. The first officer apologizes and states he can not over ride his partner. They bring me to jail. I appear in front of the judge and he immediately dismisses everything and included on record I shouldn't be down there "it was a silly arrest". And I went home, still trying to get my father help.

Sent from Mail for Windows



U.S. Courts
Case Inquiry Report
Case Num: DNYW610CR006226; Party Num: 001; Payee Code: N/A
Show Party Details: N; Show Payee Details: N; Show Transactions: Y

Case Number DNYW610CR006226 Case Title USA VS DOMENICO LONARDO

Summary Party Information:

| Party# | Party Code | Party Name | Account Code | Debt Type | J/S Account # | Total Owed | Total Collected | Total Outstanding |
|--------|------------|------------------|--------------|----------------------------|---------------|-----------------|-----------------|-------------------|
| 001 | PPC9095 | DOMENICO LONARDO | NYW7001 | SPECIAL PENALTY ASSESSMENT | | 100.00 | 100.00 | 0.00 |
| 001 | PPC9095 | DOMENICO LONARDO | NYW7001 | FINE-CRIME VICTIMS FUND | | 1,000.00 | 1,000.00 | 0.00 |
| | | | | | | <u>1,100.00</u> | <u>1,100.00</u> | <u>0.00</u> |

Registry Information:

| Depository Code | Depository Name | Account Type | Account Number | Depository Total |
|-----------------|-----------------|--------------|----------------|------------------|
|-----------------|-----------------|--------------|----------------|------------------|

Transaction Information:

| Document Type/Number* | Account Number | Debt Type Line# | Debt Type | Document Date | Accomplished Date | Line Type | Amount | Payee Line# | Depository Line# | J/S Account Code | Party/Payee Name | Doc Actn | Trans Type | Fund |
|--------------------------------|---------------------|-----------------|----------------------------|---------------|-------------------|-----------|--------|-------------|------------------|------------------|------------------|----------|------------|--------|
| CT ROC007459 | DNYW610CR006226-001 | 1 | SPECIAL PENALTY ASSESSMENT | 09/11/2014 | 09/11/2014 | PR | 25.00 | | | | DOMENICO LONARDO | O | 04 | 504100 |
| CT B120914DNYW610CR00622600116 | DNYW610CR006226-001 | 1 | SPECIAL PENALTY ASSESSMENT | 12/09/2014 | 01/05/2015 | PR | 25.00 | | | | DOMENICO LONARDO | O | OP3 | 504100 |
| CT ROC007811 | DNYW610CR006226-001 | 1 | SPECIAL PENALTY ASSESSMENT | 03/06/2015 | 03/06/2015 | PR | 25.00 | | | | DOMENICO LONARDO | O | 04 | 504100 |
| CT ROC010032 | DNYW610CR006226-001 | 1 | SPECIAL PENALTY ASSESSMENT | 11/08/2017 | 11/08/2017 | PR | 25.00 | | | | DOMENICO LONARDO | O | 04 | 504100 |
| CT ROC010032 | DNYW610CR006226-001 | 2 | FINE-CRIME VICTIMS FUND | 11/08/2017 | 11/08/2017 | PR | 800.00 | | | | DOMENICO LONARDO | O | 04 | 504100 |
| CT ROC010110 | DNYW610CR006226-001 | 2 | FINE-CRIME VICTIMS FUND | 12/06/2017 | 12/06/2017 | PR | 200.00 | | | | DOMENICO LONARDO | O | 04 | 504100 |

*** Document Type Legend**

| Document Type | Document Type Name |
|---------------|------------------------------|
| CT | Cash Receipt - CCA Automated |



U.S. Courts
Case Inquiry Report
Case Num: DNYW610CR006226; Party Num: 001; Payee Code: N/A
Show Party Details: N; Show Payee Details: N; Show Transactions: Y

Case Number DNYW610CR006226 Case Title USA VS DOMENICO LONARDO

Summary Party Information:

| Party# | Party Code | Party Name | Account Code | Debt Type | JS Account # | Total Owed | Total Collected | Total Outstanding |
|--------|------------|------------------|--------------|----------------------------|--------------|-----------------|-----------------|-------------------|
| 001 | PPC9095 | DOMENICO LONARDO | NYW7001 | SPECIAL PENALTY ASSESSMENT | | 100.00 | 0.00 | 100.00 |
| 001 | PPC9095 | DOMENICO LONARDO | NYW7001 | FINE-CRIME VICTIMS FUND | | 1,000.00 | 0.00 | 1,000.00 |
| | | | | | | <u>1,100.00</u> | <u>0.00</u> | <u>1,100.00</u> |

Registry Information:

| | | | | |
|-----------------|-----------------|--------------|----------------|------------------|
| Depository Code | Depository Name | Account Type | Account Number | Depository Total |
|-----------------|-----------------|--------------|----------------|------------------|

Transaction Information:

| Document Type/Number* | Document Date | Accomplished Date | Line Type | Amount | Party/Payee Name | Doc Actn | Trans Type | Fund |
|-----------------------|-----------------|-------------------|-----------|-------------|------------------|------------------|------------|------|
| Account Number | Debt Type Line# | Debt Type | | Payee Line# | Depository Line# | J/S Account Code | | |





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>

December 7, 2021

Domenic R. Lonardo

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. Lonardo:

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=cVhxOFhuVGRNOTV3cHvTnRPOUZKdz09>

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 handwritten signature in blue ink, appearing to read "Sandra J. Anderson", is written over a blue circular stamp.

Sandra J. Anderson
Executive Director

COPY

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