

NEVADA STATE BOARD OF MASSAGE THERAPY

AGENDA ACTION SHEET

TITLE: Application Review (Education and Administrative)

MEETING DATE: August 10, 2022

APPLICANT: Shi Sheng

REVIEW UNDER: NRS 640C.700

BACKGROUND INFORMATION:



ACTION:

- Approved
- Denied – NRS 640C.700(2)(3)(4) and/or (9) and NAC 640C.410 (1)(q)(r)(x)
- Probation – NRS 640C.700(2)(3)(4) and/or (9) and NAC 640C.410 (1)(q)(r)(x)
- 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:** OL220122102488

**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 :** SHENG  
**First Name :** SHI  
**Middle Name :**



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

No record found.

### Mailing address :

**Street :** 3417 PENNSYLVANIA COMMON  
**City :** FREMONT **State :** CA **Zip :** 94536

**Residence address (If different than the mailing address) :**  Same as mailing address

**Street :** 3417 PENNSYLVANIA COMMON  
**City :** FREMONT **State :** CA **Zip :** 94536

**Social Security Number :**

**Place of Birth :** China

**Date of Birth :**

**Gender :**  Male  Female

**Home/Cell Phone :** (510) 366-7736

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  | 2021 - 2022       | 650             |

| Document Name                        | User Defined Document Name | Document Link                   |
|--------------------------------------|----------------------------|---------------------------------|
| OL220122102488-175471-Transcript.pdf | AMO SCHOOL-TRANSCP         | <a href="#">Document Detail</a> |

### Section 5 : National Exam

| Exam Taken | Where Taken  | Date Taken |
|------------|--------------|------------|
| ITEC       | LAS VEGAS NV | 01/22/2022 |

National Exam Status :

Date Received :  Score Report Received

| Document Name                             | User Defined Document Name | Document Status |
|---|----------------------------|-----------------|
| OL220122102488-174884-ScoreReportCard.pdf | ITEC                       | 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 :** SHENG

**First Name :** SHI

**Middle Name :**

**Street :** 3417 Pennsylvania Common

**City :** Fremont

**State :** CA

**Zip :** 94536

**Date :** 2/1/2022

**Submitting Agency :** Nevada State Board of Massage  
Therapy

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

#### VETERAN

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

Have you ever served in the military:  Yes  No

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

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

Military Occupation Specialty/Specialties:

Date(s) of Service: From To

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

#### Affidavit of Applicant / Authorization of Release

I, **SHI SHENG** 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 : SHI SHENG

Date : 2/1/2022

**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 |
|---------------------------|---|--------------------|-----------------------|
| Transcript                | 0L220122102488-175471-Transcript.pdf                | AMO SCHOOL-TRANSCP |                       |
| Certificate of Completion | 0L220122102488-175470-Certificate-of-Completion.pdf | AMO SCHOOL-DIPL    |                       |
| Score Report Card         | 0L220122102488-174884-ScoreReportCard.pdf           | ITEC               |                       |
| Photo                     | 13932-173713-SHENG, SHI.jpg                         |                    |                       |
| Social Security Card      | 0L220121032885-173342-Social-Security-Card.JPG      |                    |                       |
| Government Issued ID Card | 0L220121032885-173341-Government-Issued-ID-Card.JPG |                    |                       |
| Government Issued ID Card | 0L220121032885-173340-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: Shi Sheng

Student ID: AMP090721D37

CUM GPA: 2.0

Date of Birth:

Start Date: 09/07/2021

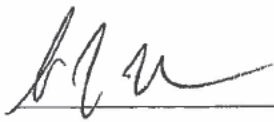
Graduation Date: 03/14/2022


## 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       |
| <b>Theory GPA</b>               | <b>C</b> | <b>Practicum GPA</b>  | <b>C</b> |

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

  
Instructor

  
Director



# AMO School NV



This Certifies That  
**Shi Sheng**  
Has successfully completed the Program  
**Tuina Professional  
Massage Therapist (650 Hours)**



*Shi Sheng*  
Instructor

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

## Diploma

09/07/2021 - 03/14/2022

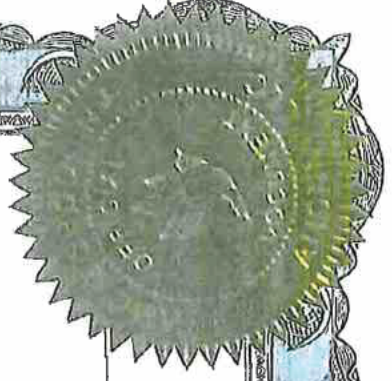
Date

*Dir.*

Director

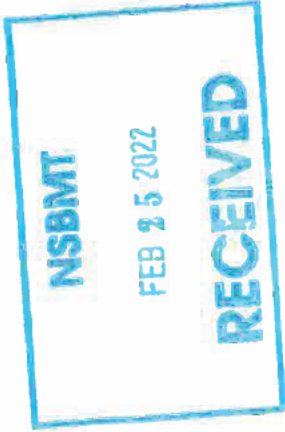


AMO SCHOOL NV





**Cert Number** 153501/2132/166941/168378      **Student** Shi Sheng - E153501      **Qual** Level 3 Diploma in Holistic Massage (603/4097/6) - 2132      **Grade** Pass      **Language** Simplified Chinese      **Issued** 24/02/2022





**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>

March 28, 2022

Shi Sheng  
3417 Pennsylvania Common  
Fremont, CA 94536

Re: DISPOSITION OF RECORD

Dear Ms. Sheng,

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 **08/31/2022**. 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](mailto: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.**

**LAW OFFICES OF XIN CHEN, PC**

160 West Carmel Drive, Suite 206, Carmel, Indiana 46032-7598

Tel: 317-580-0388

E-mail: [chenxin0827@sbcglobal.net](mailto:chenxin0827@sbcglobal.net)

**Xin Chen, Attorney at Law**  
Admitted in Indiana

VIA US POST PRIORITY MAIL

May 19, 2022

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

Re: Disposition of Record for Shi Sheng

Dear Sir/Madam:

My name is Xin Chen, and I am an attorney licensed and practicing in the State of Indiana.

I am instructed by Shi Sheng to mail you the documentation required in your letter of Disposition of Record to her dated on March 28, 2022 (copies attached herewith).

Please review attached documentation and let us know via email at [chenxinlawoffice@gmail.com](mailto:chenxinlawoffice@gmail.com) if you have question or if we can be of further assistance in this regard.

Sincerely,



Xin Chen

Enclosures

cc: Shi Sheng





## Statement

TO WHOM IT MAY CONCERN:

On January 14, 2016, I was in an apartment at 8540 Woods Edge West Drive, Indianapolis, Indiana. I was brought there and hired to do massage business there, but I had no idea how this massage business would run or where we would get customers. I recall there was another Chinese girl there at the apartment too.

In the early afternoon, the male customer came for massage and we discussed service and agreed on price. I led him to a room, and I left the room for customer self-preparation. When I came back into the room, I found he took off all his clothes, I was surprised and asked him to put his underwear back on before I could do massage on him, because in massage business as a rule no customer is asked to take off all his or her clothes. However, before I realized it, all the sudden a few policemen rushed into the apartment and arrested me and another girl. A few days later on January 19, 2016, under the Cause# 49G04-1601-CM-002225 at the Marion Superior Court Criminal Division, I was officially charged for alleged prostitution, a misdemeanor under Indiana laws, which I did not do. As I recall, the whole thing to me, seems like a nightmare, and I was ambushed or entrapped for an alleged criminal activity which I did not commit. I later knew that the male customer was a plain-cloth policeman.

I made clear to my defense attorney then that I was innocent and alleged prostitution activity as charged never happened on that day. But I was not speaking good English and I certainly do not know a lot about criminal laws and defenses, my attorney explained his strategy and defenses to me, and he convinced me that I would have to enter into a sort of agreement with the government in order to wrap up this matter. Although most of what my attorney told me I did not quite understand at the time, I agreed on for an agreement with government. So I ended up with a plea agreement without fine and all jail time suspended on November 21, 2016. However, I paid court cost and did 24-hour community service work as required by the agreement. On February 27, 2017, the case was closed by finding my compliance with all terms of the plea agreement. Finally this matter or nightmare for me was ended.

Since completion of the matter and past five (5) years, I have been behaving as a good law-abiding citizen and never run afoul with laws and police again. Actually I hired an attorney to seal off my arrest and plea records in connection with said matter under Indiana laws, and this expungement petition is ongoing. At the time of the incident described above, I was new and naïve and I just did what I was told to do, I had no idea how to start a career as a massage therapist and what path I should follow, let alone legal requirements involved. After the incident, I do realize that I would have to go to class and obtain a professional license as a legit massage therapist. That is why I went to massage therapist school and successfully completed classes and exam required, now I duly apply for Nevada massage therapist license before your good board.

I swear under the penalty of perjury that statements and facts described above are true and correct from my best memory and knowledge.

  
By: \_\_\_\_\_

Sheng, Shi (signed)

Date: 05/19/2022



DATE: 2/27/17

BAILIFF: AJ / ~~SM~~ / SS

Court Reporter: CC / ~~TR~~

HEARING ON MOTION MINUTES: \_\_\_\_\_

DEFT: Shi Sheng

49G04-11001-CM-000225

HEARING JUDGE: Judge Lisa Borges / ~~Magistrate Anne Flannelly~~ (PT) \_\_\_\_\_

Commenced & Concluded  Continued  Vacated

Estate by Deputy Prosecutor  Edwards

Defendant in Person  by counsel  Coffey

[HJE] Defendant in Custody  [HJE] Defendant Sworn  [HJE] Defendant on Bond to Surety

**WARRANTS**

[ADMFTA] Failure to Appear.  Defendant \_\_\_\_\_

[NOCPD] Notice of Order to Produce Defendant on Cash Bond  [NOSPD] Notice of Order to Produce Defendant on Surety Bond

[NOSBF] Notice of Judgment of Bond Forfeiture  Bench Warrant Recalled  Bench Warrant Issued  Hold without bail

**WARRANT SURRENDERS**

[OTCOB] Order to terminate Notice to Produce on Cash Bond

[OTSOP] Order to terminate Notice to Produce on Surety Bond

[OSR] Order to release surety  [OCOS] Surety is continued

[OLS] Late Surrender Fees Owed

[OFBO] Order to Forfeit Bond

**HEARINGS**

Future Hearing Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Future Hearing Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter:  Yes Language Needed: \_\_\_\_\_



**EVENTS/ORDERS**

[MTC] S / D Oral Motion to Continue  [OGMTC] Granted: Oral Motion  [ODMTC] Denied: Oral Motion  [PAF] Plea Agreement Filed

[OPIR] Order for Presentence Investigation Report  [QCSINT] Interpreter Services Used  [RWJ] Request to Waive Jury

[ARJBOND] Court Sets Bond.  10%  Cash Bond of \_\_\_\_\_ and/or  Surety Bond of \_\_\_\_\_

XC: Surety: \_\_\_\_\_ plus \_\_\_\_\_

[MET] Defendant Requests a Speedy Trial. (70<sup>th</sup> Date): \_\_\_\_/\_\_\_\_/\_\_\_\_  [OGMET] Granting 70<sup>th</sup> Day

[OPUD] ORDER APPOINTING PUBLIC DEFENDER (CMT): \_\_\_\_\_

[QCSIC] Indigent Counsel Appointed at County Expense  No Fee /  Fee of \_\_\_\_\_

[HJE] Factual basis submitted. Defendant agrees and court finds factual basis exists for plea. Court finds defendant understands rights and knowingly and voluntarily waives rights. Plea agreement accepted. Judgment of conviction entered as to count(s): \_\_\_\_\_

[HJE] Court Vacates HJRT \_\_\_\_/\_\_\_\_/\_\_\_\_ at 9:00AM.  [HJE] Parties confirm HJRT \_\_\_\_/\_\_\_\_/\_\_\_\_ at 9:00 A.M.

[ORCOA] Order to Release from Custody to be Held for Other Agency. \_\_\_\_\_

[SBDOA] Upon Satisfaction of Bond, Defendant Held for Other Agency. \_\_\_\_\_ OVER

[ORC] Order to Release from Custody.  Defendant \_\_\_\_\_ as to this case only

[OG] Order Granting. \_\_\_\_\_  [OD] Order Denying. \_\_\_\_\_

[MAMI] State moves to Amend Information by Interlineation. Amendments made: \_\_\_\_\_

[OGMAMI] GRANTED: Motion Amend Info. by Interlineation  [ODMAMI] DENYING: Motion Amend Info. by Interlineation

**ADDITIONAL MINUTES (HJE)**

Defendt IS in compliance. Case closed

FEB 27 2017

Magistrate

Anne Flannelly  
JUDICIAL OFFICER

**OFFICIAL RECEIPT**  
**Clerk of the Circuit Court**  
**Marion County, IN**

Payor  
 Sheng, Shi  
 Homeless  
 Indianapolis, IN 46201

Receipt No.  
**2016-26732-CCB**

Transaction Date  
 11/21/2016

| Description                            | Amount Paid   |
|--|---------------|
| Sheng, Shi                             |               |
| 49G04-1601-CM-002225                   |               |
| State of Indiana v. Shi Sheng          |               |
| Criminal Court Costs and Fees          | 183.00        |
| Automated Record Keeping Fee - CR      | 19.00         |
| Court Administration Fee - CR          | 5.00          |
| Court Costs - City and Town - CR       | 3.60          |
| Court Costs - County - CR              | 32.40         |
| Court Costs - State - CR               | 84.00         |
| DNA Sample Processing Fee - CR         | 2.00          |
| Document Storage Fee - CR              | 5.00          |
| Indianapolis Metropolitan Police       | 4.00          |
| Judicial Insurance Adjustment Fee - CR | 1.00          |
| Judicial Salary Fee - CR               | 20.00         |
| Jury Fee - CR                          | 2.00          |
| Public Defense Administration Fee - CR | 5.00          |
| <b>SUBTOTAL</b>                        | <b>183.00</b> |
| Remaining Balance Due: \$0.00          |               |

**PAYMENT TOTAL** **183.00**

|                |        |
|----------------|--------|
| Cash Tendered  | 183.00 |
| Total Tendered | 183.00 |
| Change         | 0.00   |

11/21/2016  
 02:16 PM

Cashier  
 Station 49ACCT9

Audit  
 66572153

**OFFICIAL RECEIPT**







**Barnes United Methodist Church**

900 West 30<sup>th</sup> Street  
Indianapolis, Indiana 46208-5038

Reverend Charles R. Harrison  
Senior Pastor

Reverend Kevin Mallory Sr.  
Associate Pastor

February 7, 2017

To Whom It May Concern:

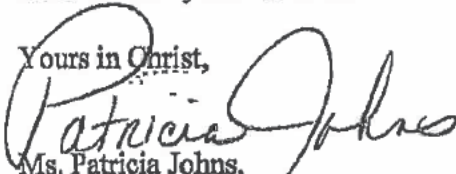
Subject Shi Shong Community Service Hours

DOB/GALLERY NO: 002225

Hannah McDade completed twenty-four (24.0) community service hours here at Barnes United Methodist Church. She started those hours on Saturday, February 4, 2017, and completed them on Tuesday, February 7, 2017.

If you need any more information regarding Ms. Shong's community service here at Barnes, please contact Ms. Patricia Johns at 317-923-9197. Ms. Song did janitorial and grounds keeping work during her community service time here at Barnes.

Yours in Christ,

  
Ms. Patricia Johns,  
Community Service Coordinator

Correspondence reviewed. Please forward a copy to  
Daniel Coffey and Ms. Terrell.

*Anne Hennelly*  
Magistrate G4 2-8-2017





**BARNES UNITED METHODIST CHURCH**  
**900 West 30<sup>th</sup> Street**  
**Indianapolis, IN 46208**

• PHONE (317) 923-9197 • FAX (317) 931-8058 •

**Community Service Work Record**

Community Service Worker: Shi Sheng

Gallery Number/Date of Birth 002225

DATE: February 7, 2017 HOURS NEEDED: 24

| DATE                         | IN     | OUT    | TOTAL HOURS | Supervisor's Signature | OFFICE USE ONLY |
|------------------------------|--------|--------|-------------|------------------------|-----------------|
| 2/4/17                       | 8:00   | 4:00P  | 8.0         | Patricia Johns         |                 |
| 2/5/17                       | 10:00A | 3:00P  | 5.0         | Patricia Johns         | (13)            |
| 2/6/17                       | 9:00A  | 5:00P  | 8.0         | Patricia Johns         |                 |
| 2/7/17                       | 9:00A  | 12:00P | 3.0         | Patricia Johns         |                 |
|                              |        |        |             |                        |                 |
|                              |        |        |             |                        |                 |
|                              |        |        |             |                        |                 |
|                              |        |        |             |                        |                 |
|                              |        |        |             |                        |                 |
| <b>TOTAL HOURS COMPLETED</b> |        |        | 24.0        | Patricia Johns         |                 |

Under penalty of perjury, I hereby swear that the total hours indicated above are a true and accurate representation of actual hours worked.



STATE OF INDIANA  
COUNTY OF MARION  
SENTENCING ORDER

RECEIVED  
MAY 23 2022  
RECEIVED

FILED

212 NOV 21 2016

*Mylen A. Eldredge*  
CLERK OF THE MARION CIRCUIT COURT

|  |                                  |   |   |  |
|--|----------------------------------|---|---|--|
| Case Name<br>State of Indiana v. Shi Sheng |                                  | Case Number<br>49G04-1601-CM-002225     | Court<br>Marion Superior Court, Criminal Division 4 |  |
| Judicial Officer<br>Flannelly, Anne -MAG   |                                  | Prosecutor<br>Shaunestte Nicole Terrell | Defense Attorney<br>Daniel J Coffey                 |  |
| Date of Offense<br>01/14/2016              | Date of Sentencing<br>11/21/2016 | TCN Number<br>953022251                 | Gallery Number<br>000000758897                      |  |

The Defendant was charged with the following crimes, resulting in the following Dispositions under the above-referenced cause:

| PART I | CHARGES                       |     |                    |                       |
|--------|-------------------------------|-----|--------------------|-----------------------|
| COUNT  | CRIME                         | IOC | STATUTORY CITATION | DISPOSITION           |
| I      | 35-45-4-2(1)/MA: Prostitution |     | 35-45-4-2(1)       | Plea by Agreement     |
| II     | 35-45-4-2(1)/MA: Prostitution |     | 35-45-4-2(1)       | Charge Added In Error |

As a result of the above convictions, the Court has sentenced the defendant as follows:

| PART II | SENTENCE                 |                          |            |             |                              |
|---------|--------------------------|--------------------------|------------|-------------|------------------------------|
| COUNT   | SENTENCE                 | SUSPENDED                | CONCURRENT | CONSECUTIVE | WITH (COUNT OR CASE NUMBERS) |
| I       | 0 Year(s) and 365 Day(s) | 0 Year(s) and 361 Day(s) |            |             |                              |

| COUNT | CONFINEMENT TYPE | CONFINEMENT COMMENTS |
|-------|------------------|----------------------|
| I     | County Jail      |                      |

The Defendant is to serve this sentence at: Marion County Jail

| PART III | CREDIT TIME CALCULATION   |                                |                    |
|----------|---|--------------------------------|--------------------|
|          | TYPE  | NUMBER OF ACTUAL DAYS CONFINED | CREDIT DAYS EARNED |
|          | Incarceration (All Credit Days apply to Case Number 49G04-1601-CM-002225) | 2                              | 2                  |

| PART IV | SENTENCING CONDITIONS |          |          |                |            |     |
|---------|-----------------------|----------|----------|----------------|------------|-----|
|         | CONDITION             | DURATION | LOCATION | AMOUNT/COMMENT | EFFECTIVE  | END |
|         | Community Service     |          |          | 24 HOURS       | 11/21/2016 |     |

The Court is assessing Court Costs and Fees in the amount of \$0.00 and a Monetary Award (if applicable) in the amount of \$. The authority for this Order and the breakdown of the costs and fees are as follows and are found in Indiana Code, Sections 33-37-4-1, -4 and 33-37-6-19.

| PART V               | MONETARY OBLIGATIONS              |         |
|----------------------|-----------------------------------|---------|
| Court Costs and Fees |                                   |         |
|                      | Automated Record Keeping Fee - CR | \$18.00 |
|                      | Court Administration Fee - CR     | \$5.00  |
|                      | Court Costs - City and Town - CR  | \$3.60  |
|                      | Court Costs - County - CR         | \$32.40 |



|  |               |
|--|---------------|
| Court Costs - State - CR               | \$84.00       |
| DNA Sample Processing Fee - CR         | \$2.00        |
| Document Storage Fee - CR              | \$5.00        |
| Indianapolis Metropolitan Police       | \$4.00        |
| Judicial Insurance Adjustment Fee - CR | \$1.00        |
| Judicial Salary Fee - CR               | \$20.00       |
| Jury Fee - CR                          | \$2.00        |
| Public Defense Administration Fee - CR | \$5.00        |
| <b>Total:</b>                          | <b>\$0.00</b> |

|                      |                  |  |
|----------------------|------------------|--|
| <b>Restitution</b>   |                  |  |
| In the Amount of \$. |                  |  |
| Awarded To:          | Awarded Against: | Payable Through<br><input type="checkbox"/> Marion County Clerk <input type="checkbox"/> Marion County Probation |
| Comments:            |                  |  |

|  |  |
|--|--|
| <b>PART VI</b>                                 | <b>ADDITIONAL SENTENCING INFORMATION</b>   |
| Date to Report for Incarceration<br>11/21/2016 | Additional Comments and Orders<br>MARION COUNTY JAIL TO AWARD CREDIT TIME IN ACCORDANCE WITH INDIANA LAW. ACCRUED CREDIT: 1/14/16 TO 1/16/16= 2 DAYS; DEFENDANT RECEIVES 2 DAYS OF GOOD TIME CREDIT, 24 HOURS OF COMMUNITY SERVICE WORK. DEFENDANT TO RECEIVE 4 ACTUAL DAYS IN THE MARION COUNTY JAIL FOR EVERY EIGHT (8) HOURS OF COMMUNITY SERVICE WORK NOT COMPLETED. |

Anne Flannally  
Judicial Officer *magistrate*

11/21/2016  
Date

\*Original signature on file with the Court.



STATE OF INDIANA )  
 )  
 ) SS:  
COUNTY OF MARION )  
STATE OF INDIANA )  
VS )  
SHI SHENG )

IN THE MARION SUPERIOR COURT ROOM NO 4

CAUSE NO. 49G04-1601-CM-002225

WORKSHEET ON  
SENTENCING ORDER AND  
JUDGMENT OF CONVICTION

**FILED**

217

MAY 21 2016

CLERK OF THE MARION SUPERIOR COURT  
*Myra A. Eldridge*

THE DEFENDANT HAVING BEEN FOUND GUILTY  BY COURT  BY JURY  BY PLEA AGREEMENT  
THE COURT ENTERS A JUDGMENT OF CONVICTION FOR THE OFFENSE(S) OF:

COUNT 1: PROSTITUTION/MA

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED THAT THE DEFENDANT BE SENTENCED;

Count(s) \_\_\_\_\_ Judgment of conviction entered as a Class A misdemeanor (ALT. MISD>)

As to Count I Imposed 365 DAYS; Executed 4 (DAYS) YEARS; Suspended 361 (DAYS) YEARS  
Sentence to run  concurrent  consecutive to count \_\_\_\_\_  
Probation for 0 DAYS/YEARS; Probation to run  concurrent  consecutive to count \_\_\_\_\_;

Case sentence to run  concurrent  consecutive to Cause Number 49G04-

X Commitment ordered to  MCI  DOC  CCC the Defendant is entitled to 2 ACCRUED/2 DAYS OF GOOD TIME credit for time spent in confinement before sentencing.

The Defendant is assessed court costs of \$183.00 and total case fines of \$ 0  
 Fines and costs suspended, Defendant indigent.

Defendant placed on probation for 0 DAYS/YEARS total all counts; SEE ORDER FOR CONDITIONS OF PROBATION

fines and costs to be paid through Probation Department;

Defendant's drivers' license is suspended for \_\_\_\_\_ days; with \_\_\_\_\_ days credit.

X Sentencing comments: DOC/MCI/CCC TO AWARD CREDIT TIME IN ACCORD WITH INDIANA LAW;

X ACCRUED DAYS: 1/14/16 to 1/15/16= 2 DAYS; 2 DAYS OF GOOD TIME CREDIT

X CONDITIONS LISTED IN PLEA AGREEMENT ACCEPTED

X ADDITIONAL CONDITIONS ORDERED BY THE COURT: 24 HOURS COMMUNITY SERVICE WORK.

Defendant to receive 4 actual days in the Marion County Jail for every eight (8) hours of Community Service work not completed.

Restitution Order:  
Recipient \_\_\_\_\_ \$ \_\_\_\_\_ Recipient \_\_\_\_\_ \$ \_\_\_\_\_

Date 11-21-16 \_\_\_\_\_  
Anne Flanagan  
Magistrate Judge



DATE: 11/21/16

BAILIFF: AJ

TM

Court Reporter: CC / TM

**GUILTY PLEA AND SENTENCING MINUTE**

DEFT. Shi Sheng

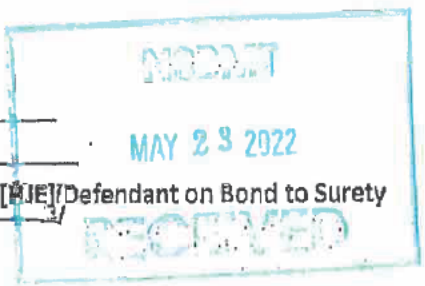
49G04-11001CM002225

HEARING JUDGE: Judge Lisa Borges /

(PT) \_\_\_\_\_

**RESULTS**

Commenced & Concluded  
  Continued  
  Vacated  
 State by Deputy Prosecutor / [HJE] S. Terrell  
 Defendant in Person  by counsel / [HJE] D. Coffey  
 [HJE] Defendant in Custody  
  [HJE] Defendant Sworn  
  [HJE] Defendant on Bond to Surety



**WARRANTS**

[ADMFTA] Failure to Appear.  
  Defendant \_\_\_\_\_  
 [NOCPD] Notice of Order to Produce Defendant on Cash Bond  
  [NOSPD] Notice of Order to Produce Defendant on Surety Bond  
 [NOSBF] Notice of Judgment of Bond Forfeiture  
  [OTCOB] Order to terminate Notice to Produce on Cash Bond  
 [OTSOP] Order to terminate Notice to Produce on Surety Bond  
 Bench Warrant Issued  
  Hold without bail or Bond /  
  10% Cash Bond of \_\_\_\_\_ and/or  
  Surety Bond of \_\_\_\_\_  
 Bench Warrant Recalled

**HEARINGS**

Future Hearing Type: Compliance Date: 12.27.17 Time: 1:30pm

Interpreter:  Yes Language Needed: \_\_\_\_\_

**EVENTS/ORDERS**

[MPPA] Motion to Enter Plea Pursuant to Plea Agreement.  [MPPA] Granted.  
  [ODMPPA] Denied.  
 [QCSINT] Interpreter Services Used  
 [IND] Indigent to Court Costs  
 [OAPC] Order Appointing Pauper Counsel  
 [OPIR] Order for Presentence Investigation Report  
 [QCSICA] Indigent Counsel Appointed For Appeal  
 [PAF] Plea Agreement Filed  
 [HJE]: \_\_\_\_\_  
 [ADMPIR] PSI Report Filed  
 [HJE]: \_\_\_\_\_  
 [PSIW] PSI Waived  
 [HJE]: \_\_\_\_\_ PSI accepted as correct

Waiver basis submitted. Defendant agrees and court finds factual basis exists for plea. Court finds defendant understands rights and knowingly and voluntarily waives rights. Plea agreement accepted.

[MTD] S / D Motion To Dismiss. Count(s) \_\_\_\_\_  
 [OGMTD] Granted  
 [ODMTD] Denied  
 [ARJNCO] No Contact Order Issued  
 [RP] Report to Probation  
 [RCC] Report to Community Corrections  
 [DHC] Defendant to be Held in Custody. As to this Case.  
 No Bond.  
 Hold Until \_\_\_\_\_  
 [DHC] Defendant to be Held in Custody.  
 7 Day Hold  
 15 day Hold  
 [MLA] S / D Motion for Leave to Amend. Charge(s).  
 [OGMLA] Granted  
 [ODMLA] Denied  
 [JAD] Taken Under Advisement. \_\_\_\_\_  
 [ORCOA] Order to Release from Custody to be Held for Other Agency. \_\_\_\_\_  
 [SBDOA] Upon Satisfaction of Bond, Defendant Held for Other Agency. \_\_\_\_\_  
 [ORC] Order to Release from Custody.  
 Defendant \_\_\_\_\_ as to this case only  
 [ARJTHNO] Transport Order Entered. \_\_\_\_\_  
 [BMVSUSP] Court Requests Suspension of Driver.  
 [BMVSUSPOWI] Court Requests Suspension of Driver for OWI.  
 Driver's License Suspension. PC Suspension Date: \_\_\_\_\_  
 [BMVPCFSUSP] Failed with Immediate Suspension.  
 [BMVPCRSUSP] Refused with Immediate Suspension.

OVER

**JUDGMENT**

Count 1  Finding of Guilty  Finding of Not Guilty  Dismissed  
Count 2  Finding of Guilty  Finding of Not Guilty  Dismissed

Plea agreement  
 \_\_\_\_\_

**SENTENCE**

**~~INCONFINEMENT~~**

Sentence Type:  Sentenced  Remanded  Reversed & Remanded Actual Days Confined Prior to Sentencing: 212

Count 1  Term \_\_\_\_\_ Years 305 Days Type:  Jail  Concurrent  
 Suspended \_\_\_\_\_ Years \_\_\_\_\_ Days  DOC  Consecutive  
 Life  Community Corrections with Count/Case:  
 Death

Comment: 24 hours CSW

Count 2  Term \_\_\_\_\_ Years \_\_\_\_\_ Days Type:  Jail  Concurrent  
 Suspended \_\_\_\_\_ Years \_\_\_\_\_ Days  DOC  Consecutive  
 Life  Community Corrections with Count/Case:  
 Death

Comment:

**[FEE] FEES**

Add Standard Fees  Add Custom Fees \$183.00

**[ACOND] CONDITIONS**

- [ACRF] Abstract: Credit Restricted Felon.  [ADOC] Abstract: Currently Serving a Sentence Under DOC Custody.
- [AMHC] Abstract: Mental Health Concerns.  [API] Abstract: Purposeful Incarceration.
- [AMAX] Abstract: Recommended Degree of Security - Maximum.  [AMED] Abstract: Recommended Degree of Security - Medium.  [AMIM] Abstract: Recommended Degree of Security - Minimum.  [ANR] Abstract: Recommended Degree of Security - No Recommendation.  [ANA] Abstract: Recommended Degree of Security - Not Applicable.  [AADP] Alcohol Abuse Deterrent Program.  [CC] Community Corrections.  [CIP] Community Impact Panel.  [CS] Community Service.
- [COUN] Counseling.  [COC] Court Ordered Classes.  [DR] Day Reporting.  [DLS] Driver's License Suspension.
- [DAM] Drug/Alcohol Monitoring.  [EM] Electronic Monitoring.  [HIV] HIV Testing.  [HD] Home Detention.
- [MSE] Maintain Steady Employment.  [NC] No Contact.  [FIRE] No Firearms.  [NA] No New Arrests.  [ADD] Notify Change of Address.  [OB] Obtain a High School Diploma or GED.  [OVDL] Obtain a Valid Driver's License.  [VISITPO] Permit Visits from Probation Officer.  [PROB] Probation.  [PBC] Probation Consecutive to Sentence out of Another County.
- [PE] Psychological/Mental Health Evaluation/Treatment.  [RWJ] Remain within Jurisdiction.  [RS] Remain/Enroll in School.
- [SA] Stay Away Order.  [SE] Substance Abuse Evaluation.  [MEDT] Undergo Medical Treatment/Evaluation.
- [UP] Unsupervised Probation.  [WR] Work Release.

**[INAWD] MONETARY AWARD**

Awarded to \_\_\_\_\_ Awarded Against \_\_\_\_\_ Judgment \_\_\_\_\_

Interest Begins:  \_\_\_\_\_  Include Court Costs

**SENTENCING COMMENTS (CMT):**



Ann Hannelly  
Magistrate JUDICIAL OFFICER  
11-21-16



STATE OF INDIANA )  
 )  
COUNTY OF MARION )  
 )  
STATE OF INDIANA )

IN THE MARION SUPERIOR COURT  
CRIMINAL DIVISION, ROOM 4

CAUSE NO. 49G04-1601-CM-002225

**FILED**

(125) NOV 07 2016

*Wyla A. Eldridge*  
CLERK OF THE MARION CIRCUIT COURT

VS

Sheng Shi

**ADVISEMENT AND WAIVER OF RIGHTS**

Before the Court may accept a **GUILTY PLEA**, you must be informed of certain facts and certain **RIGHTS** that you have. You must read this document carefully.

- S.S. 1. You have been charged with Prostitution, a Class A Misdemeanor.
- S.S. 2. The maximum penalty for a Class A Misdemeanor is 365 days in jail and/or a fine of \$5000.00.
- S.S. 3. The minimum penalty for any Misdemeanor is 0 days in jail and \$0.00; however, court costs must be paid. Additionally, you may be placed on probation for up to one year.
- S.S. 4. If you are pleading guilty to more than one Misdemeanor, the Court may impose the penalties concurrently, i.e., together, or consecutively, i.e., one after the other.
- S.S. 5. If you were on probation or parole, or were incarcerated, or released on bond on your own recognizance, for another offense at the time you committed this offense, your plea of guilty may have an adverse effect upon your probation, parole, or incarceration status, and any sentence that you may receive for this offense must be consecutive to any sentence that you may have or will receive on the other offense.
- S.S. 6. If you have a prior history of juvenile or criminal offenses, that fact alone may cause you to receive a harsher penalty than you would otherwise receive.
- S.S. 7. You have the right to be represented by an attorney. If you cannot afford an attorney, the Court will appoint an attorney for you. You have the right to a continuance in which to hire an attorney and to have your attorney prepare your case and subpoena witnesses. If you choose to proceed without an attorney, you will be giving up these rights.
- S.S. 8. You have the right to a public and speedy trial by jury; the right to subpoena witnesses at no cost; the right to confront and cross examine witnesses against you; the right to require that the State prove you guilty beyond a reasonable doubt at a trial at which you do not have to testify, but in which you may testify if you wish; if you choose to remain silent, that silence cannot be used against you; and the right to appeal any decision made by the Judge. By pleading guilty you will give up and waive each and every one of these rights.
- S.S. 9. Your guilty plea has been made knowingly and voluntarily, and no promises, threats or force have been used to make you plead guilty.
- S.S. 10. If you and the State have entered into a plea agreement on your case, and the Judge accepts your guilty plea, the Judge must follow the plea agreement and cannot alter the terms. If the Court rejects the plea, all of your rights are restored to you.
- S.S. 11. You have been given the opportunity to read the Probable Cause Affidavit and Information filed in this case and the facts contained in it are true and constitute a factual basis for your plea.
- S.S. 12. The Defendant affirms that if he/she is not a citizen of the United States, he/she wishes to enter a guilty plea even if a conviction in this case results in deportation, denial of re-entry, prohibition of citizenship, or loss of any future immigration benefit. ( ).
- S.S. 13. Defendant hereby waives the right to appeal any sentence imposed by the Court, including the right to seek appellate review of the sentence pursuant to Indiana Appellate Rule 7(B), so long as the Court sentences the defendant within the terms of this plea agreement ( ).

**PLEA TERMS:**

|   |   |                 |          |   |
|---|---|-----------------|----------|---|
| Total Sentence  | = | <u>365 days</u> | <u>0</u> | Days on Probation   |
| Jail credit days                                      | = | <u>2</u>        |          | All Standard Conditions and Fees of Probation   |
| Days Suspended  | = | <u>363</u>      |          | Probation will terminate upon completion  |
| Additional Jail days                                  | = | <u>0</u>        |          | Probation will become non-reporting upon completion of all terms and payment of all fees. |
| Community Service Work (At a non-profit organization) |   | <u>24</u> hours |          | Non-Reporting Probation   |

- [ ] Fines and Costs to discretion of the Court.
- [ ] \$ \_\_\_\_\_ Fine with \$183.00 Costs for a total of \$ \_\_\_\_\_
- [ ] A.L.D.S and Syphilis testing and risk counseling to be completed by the Compliance Date or \_\_\_\_\_ days in the Marion County Jail.
- [ ] THIS IS A PRE-TRIAL PLEA AGREEMENT THAT EXPIRES 48 HOURS TO TRIAL.

Stay Away from/ No Contact with: \_\_\_\_\_

Defendant agrees to serve no less than 4 actual day in MCJ for each 8 hours of Community Service Work not completed.

Additional Terms:  
I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENTS, UNDERSTAND EACH ONE, AND WISH TO WAIVE AND HEREBY DO WAIVE EACH AND EVERY RIGHT CONTAINED IN THOSE PARAGRAPHS. FURTHER, I ACCEPT THIS PLEA AGREEMENT.

\_\_\_\_\_  
Deputy Prosecuting Attorney

*[Signature]*  
Defendant's Attorney

*Sheng Shi*  
Defendant

Dated: Nov 4, 2016



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

July 5, 2022

Shi Sheng  
3417 Pennsylvania Common  
Fremont, CA 94536

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. Sheng:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on August 10, 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:

<https://us06web.zoom.us/j/82173853899?pwd=K3dVNDh1Y09jYnBJZ3oxQkFTSkdtUT09>

Meeting ID: 821 7385 3899

Password: 788395

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 821 7385 3899

Passcode: 788395

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.

**COPY**

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

Sincerely,



Sandra J. Anderson  
Executive Director

9489 0090 0027 6447 6114 61

COPY

8540 Woods Edge W Dr



Image capture: May 2019 © 2022 Google

← 8540 Woods Edge W Dr

All

Street View & 360°

Indianapolis, Indiana  
 Google  
 Street View - May 2019

on Mari  
 48 Woc  
 Indianapolis  
 yndmoor of Castleton