

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane ≈ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: JEFFREY Middle: Hastings Last: Clutter

Home Address: 6386 Sparrow Lane Apt #: _____

City: Las Vegas State: NV Zip Code: 89103

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 05154

Address: 4905 W. TROPICANA AVE

City: LAS VEGAS NV - 89103 State: NV Zip Code: 89103

Signature of Managing Pharmacist: [Signature] Lic #: 18330 Date: 5/25/16

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes No
 2. Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		<u>1/1</u>	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>MT</u>	<u>11/5/12</u>	<u>DC-12-409A</u>	<u>Flathead</u>	<u>11th Judicial District</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes No
IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: [Signature] Date: 5-25-16

Board Use Only Date Processed: 6/28/16 Amount: \$40.00 93071



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
ADULT PROBATION & PAROLE

PRE-SENTENCE INVESTIGATION

Predisposition Investigation

CONFIDENTIAL INFORMATION, FOR PROFESSIONAL USE ONLY

NAME: CLUTTERS, Jeffrey Hastings DATE OF REPORT: 03/10/14
AKA: CLUTTERS, Jeff; CLUTTERS, Jeffery Hastings DATE OF SENTENCE: 03/20/14
ADDRESS: 335 E. Wettington Dr., Kalispell MT 59901
PHONE #: _____ CELL PHONE #: Same

LEGAL STATUS

JUDGE The Honorable Heidi J. Ulbricht COUNTY Flathead CAUSE # DC-12-409A

COUNTY ATTORNEY Alison Howard

DEFENSE ATTORNEY Lane Bennett

APPOINTED RETAINED

ARRESTED 11/05/12 RELEASED 11/08/12 JAIL TIME SERVED 4 DAYS AS OF 03/20/14

TYPE OF RELEASE O.R. BOND \$1,000

CURRENT Driving Under the Influence of Alcohol / Drugs (F) §61-8-401(1) MCA TRIAL PLEA

OFFENSES _____ TRIAL PLEA

_____ TRIAL PLEA

_____ TRIAL PLEA

SENTENCE(S) _____

PLEA AGREEMENT Yes No PRIOR CRIMINAL HISTORY Yes No

DETAINERS/WARRANTS Yes No PRIOR PROBATION/PAROLE Yes No

CO-DEFENDANT(S) None

CO-DEFENDANT(S) DISPOSITION N/A

IDENTIFICATION

DOB _____ AGE 36 PLACE OF BIRTH Las Vegas NV SS# _____

HT 5'6" WT 150 EYES Brown HAIR Brown HANDED Right Left

COMPLEXION Light BUILD Slender US CITIZEN Yes No

SEX Male RACE Caucasian TRIBAL AFFILIATION/# None

HEALTH Good Fair Poor S.I.D.# _____ F.B.I.# _____

DRIVERS LICENSE # _____ Valid STATE MT RELIGION None

SCARS/MARKS/TATTOOS None

PIERCINGS PRCD EARS

BACKGROUND

CHEMICAL USE Yes No Not Significant PSYCHOLOGICAL INFORMATION Yes No
SIGNIFICANT FAMILY INFORMATION Yes No EDUCATION High school graduate
MARITAL STATUS Single NUMBER OF CHILDREN None
SUPPORT PAYMENTS Yes No AMOUNT \$ CURRENT Yes No
EMPLOYMENT STATUS Employed - Tomahawk Pipeline
INCOME \$ SOURCE Employment
FINANCIAL ASSETS \$ DEBTS \$
MILITARY Yes No BRANCH/DISCHARGE
OTHER PERTINENT INFORMATION Yes No RESTITUTION Yes No
EMERGENCY CONTACT Bill and Renee Clutters RELATIONSHIP Parents
ADDRESS
PHONE #

CRIMINAL HISTORY

JUVENILE HISTORY:

The Defendant reported no criminal record as a juvenile. No record to the contrary was located.

ADULT HISTORY:

<u>DATE</u>	<u>PLACE</u>	<u>OFFENSE (Degree not included if not reported)</u>	<u>DISPOSITION</u>
05/12/02	Boulder City, NV	Driving Under the Influence (M)	2 days jail; Alcohol program; Fine
05/23/06	Las Vegas, NV	Basic Rule	Guilty
09/25/07	Las Vegas, NV	Basic Rule	Guilty
07/28/09	Las Vegas, NV	DUI Liquor	Guilty
02/08/11	Las Vegas, NV	DUI Subsequent Arrest	Guilty
11/05/12	Flathead County, MT	Driving Under the Influence of Alcohol/Drugs (F) DC-12-409A	Pending Instant Offense

DETAINERS & WARRANTS:

MATIC and local records checks revealed no outstanding warrants.

CO-DEFENDANT INFORMATION:

None

PRIOR SUPERVISION:

None

JAIL ADJUSTMENT SUMMARY:

The Defendant did not receive any write-ups for poor behavior while incarcerated in the Flathead County

RESTITUTION:

None

PLEA AGREEMENT:

Pursuant to Section 46-12-204, M.C.A., and condition upon the understandings below, the Defendant, together with her counsel, and the State of Montana, by and through the Flathead County Attorney's Office, agree and stipulate as follows:

1. The Defendant agrees to enter a plea of GUILTY to the offense of DRIVING UNDER THE INFLUENCE OF ALCOHOL, (a felony, or for misdemeanor, to be determined at sentencing).
2. The Parties agree that the determination of whether this charge is a felony or misdemeanor shall be determined at or before sentencing and may be subject to hearing at sentencing for legal determination of sentence. If the Court concludes that this matter is a fourth DUI and therefore a felony, the State will recommend the statutory sentence as set forth on page 2 herein with the suspended portion of said sentence occurring after the initial 13 month period to be three (3) years to the department of Corrections – SUSPENDED. Should the matter be deemed a misdemeanor, then sentencing will proceed according to DUI sentencing, dependent upon whether this matter is treated as a DUI, first offense, second offense, or third offense. The state shall further recommend that Defendant receive credit for time served in jail.

EVALUATION/RECOMMENDATION:

The Defendant, Jeffrey Hastings Clutters, is a 36-year-old male appearing before the Eleventh Judicial District Court, Flathead County, after previously pleading guilty to the offense of Driving Under the Influence of Alcohol, a Felony. The Defendant cooperated with this investigation.

The Defendant has three prior DUI convictions. I find the plea agreement to be acceptable and respectfully recommend the Court sentence in accordance with the agreement for a Felony DUI. The following are recommended conditions of community supervision:

1. The Defendant be placed under the supervision of the Department of Corrections, subject to all rules and regulations of the Adult Probation & Parole Bureau.
2. The Defendant must obtain prior written approval from his/her supervising officer before taking up residence in any location. The Defendant shall not change his/her place of residence without first obtaining written permission from his/her supervising officer or the officer's designee. The Defendant must make the residence open and available to an officer for a home visit or for a search upon reasonable suspicion. The Defendant will not own dangerous or vicious animals and will not use any device that would hinder an officer from visiting or searching the residence.
3. The Defendant must obtain permission from his/her supervising officer or the officer's designee before leaving his/her assigned district.
4. The Defendant must seek and maintain employment or maintain a program approved by the Board of Pardons and Parole or the supervising officer. Unless otherwise directed by his/her supervising officer, the Defendant must inform his/her employer and any other person or entity, as determined by the supervising officer, of his/her status on probation, parole, or other community supervision.
5. Unless otherwise directed, the Defendant must submit written monthly reports to his/her supervising officer on forms provided by the probation and parole bureau. The Defendant must personally contact his/her supervising officer or designee when directed by the officer.

6. The Defendant is prohibited from using, owning, possessing, transferring, or controlling any firearm, ammunition (including black powder), weapon, or chemical agent such as oleoresin capsicum or pepper spray.
7. The Defendant must obtain permission from his/her supervising officer before engaging in a business, purchasing real property, purchasing an automobile, or incurring a debt.
8. Upon reasonable suspicion that the Defendant has violated the conditions of supervision, a probation and parole officer may search the person, vehicle, residence of the Defendant, and the Defendant must submit to such search. A probation and parole officer may authorize a law enforcement agency to conduct a search, provided the probation and parole officer determines reasonable suspicion exists that the Defendant has violated the conditions of supervision.
9. The Defendant must comply with all municipal, county, state, and federal laws and ordinances and shall conduct himself/herself as a good citizen. The Defendant is required, within 72 hours, to report any arrest or contact with law enforcement to his/her supervising officer or designee. The Defendant must be cooperative and truthful in all communications and dealings with any probation and parole officer and with any law enforcement agency.
10. The Defendant is prohibited from using or possessing alcoholic beverages and illegal drugs. The Defendant is required to submit to bodily fluid testing for drugs or alcohol on a random or routine basis and without reasonable suspicion.
11. The Defendant is prohibited from gambling.
12. The Defendant shall pay all fines, fees, and restitution ordered by the sentencing court.
13. The Defendant shall pay the following fees and/or charges which are statutorily mandated. **Payment is to be made to the Eleventh Judicial District, Flathead County, Montana, Clerk of Court, 920 South Main, Suite 300, Kalispell, MT 59901.**
 - a. Defendant shall pay a surcharge of \$15 for each misdemeanor. [§46-18-236(1)(a), MCA] **Defendant to pay: \$0**
 - b. Defendant shall pay a surcharge of the greater of \$20 or 10% of the fine for each felony offense. [§46-18-236(1)(b), MCA] **Defendant to pay: \$100.00**
 - c. Surcharge for victim and witness advocate programs of \$50 for each misdemeanor or felony charge under Title 45, Crimes; §61-8-401 (DUI); §61-8-406 (DUI-alcohol); or §61-8-411 (DUI-delta-9-tetrahydrocannabinol). [§46-18-236(1)(c), MCA] **Defendant to pay: \$50.00**
 - d. Defendant shall pay a \$10.00 per count for court information technology fee. (§3-1-317, MCA) **Defendant to pay: \$10.00**
 - e. Costs of assigned counsel, paid to clerk of court: (§46-8-113, MCA)
 - i. \$250 for one or more misdemeanor charges and no felony charges or \$800 for one or more felony charges.
 - ii. offender shall pay costs incurred by the Office of Public Defender for providing counsel in the criminal trial.
Defendant to pay Public Defender Fees of \$0. Attorney was retained.
 - f. The Defendant shall pay fine(s) over and above any amount credited for pre-conviction incarceration as ordered and directed by the court. (§46-18-231, MCA)

Defendant to pay net fine of \$1,000.00

- g. The Defendant shall pay costs of legal fees and expenses defined in §25-10-201, MCA, plus costs of jury service, prosecution, and pretrial, probation, or community service supervision or \$100 per felony or \$50 per misdemeanor, whichever is greater. (§46-18-232, MCA).
Court orders Defendant to pay: \$100.00
- h. The Defendant shall pay Prosecution Fees associated with bad checks issued as ordered and directed by the court. **Defendant to pay fees of \$0. The offense is not related to bad checks.**
14. The Defendant shall pay Court Ordered supervision fees. The Probation & Parole Officer shall determine the amount of supervision fees (§46-23-1031, MCA) to be paid each month in the form of money order or cashier's check to the Department of Corrections Collection Unit, P.O. Box 201350, Helena, MT 59620 (\$50 per month if the Defendant is sentenced under §45-9-202, MCA, dangerous drug felony offense and placed on ISP). The DOC shall take a portion of the Defendant's inmate account if the Defendant is incarcerated.
15. There is a \$50 fee at the time a PSI report is completed, unless the court determines the Defendant is not able to pay the fee within a reasonable time (§46-18-111, MCA). The Defendant shall submit this payment to the Department of Corrections Collection Unit, P.O. Box 201350, Helena, MT 59620.
Defendant to pay \$50
16. All Defendants convicted of a felony offense shall submit to DNA testing. (§44-6-103, MCA)
17. The Defendant shall not be given credit against the fine for time served in jail prior to sentencing. (§46-18-403, MCA)
18. At the discretion of the supervising officer, the Defendant shall obtain an updated chemical dependency evaluation by a state-approved evaluator. The Defendant shall pay for the evaluation and follow all of the evaluator's treatment recommendations.
19. The Defendant shall obtain a mental health evaluation/assessment by a state-approved evaluator. The Defendant shall pay for the evaluation and follow all of the evaluator's treatment recommendations.
20. The Defendant shall successfully complete Cognitive Principles & Restructuring (CP&R) or similar cognitive and behavioral modification program.
21. The Defendant shall not possess or use any electronic device or scanner capable of listening to law enforcement communications.
22. The Defendant shall abide by a curfew as determined necessary and appropriate by the Probation & Parole Officer.
23. The Defendant shall complete any community service ordered by the court or the Probation & Parole Officer.
24. The Defendant shall not enter any bars.
25. The Defendant shall not enter any casinos.
26. The Defendant shall not knowingly associate with probationers, parolees, prison inmates, or persons in the custody of any law enforcement agency without prior approval from the Probation & Parole Officer. The Defendant shall not associate with persons as ordered by the court or BOPP.
27. The Defendant shall attend self-help meetings at the direction of the Probation & Parole Officer.

28. The Defendant shall comply with all sanctions given as a result of an intervention, on-site (preliminary), or disciplinary hearing.
29. The Defendant's driver's license shall be suspended as specified in §45-9-202(2)(e), MCA, and §61-5-205(1)(b), MCA.
30. The Defendant shall participate in the 24/7 Sobriety and Drug Monitoring Program, or any program specifically designed to monitor and address the Defendant's use of intoxicants, for a period of time to be determined by the supervising Probation & Parole Officer, if the Officer deems it necessary and the program is available. [§46-18-201(4)(o), MCA]
31. The Defendant, if financially able, as a condition of probation, shall pay for the cost of imprisonment, probation, and alcohol treatment for the length of time he/she is imprisoned, on probation, or in alcohol treatment.
32. The Defendant shall not operate a motor vehicle unless authorized by the Probation & Parole Officer. If the Officer authorizes the Defendant to drive, he/she shall not drive unless the vehicle is equipped with an ignition interlock system.
33. The Defendant shall enter and remain in an aftercare treatment program for the entirety of the probationary period. The Defendant shall pay for the cost of out-patient alcohol treatment during the term of probation.
34. The PSI report shall be released by the Department to certain persons, such as treatment providers, mental health providers, and/or medical providers, as needed for the Defendant's rehabilitation.

Respectfully Submitted,

Rae Baker, Probation/Parole Officer
575 Sunset Blvd #208
Kalispell MT 59901
406-752-2830

cc: Sentencing Court -- Original
Prosecuting Attorney
Defendant's Attorney
Defendant
Field File

B-n-G Consulting L.L.C.

ACADEMY OF HUMAN DEVELOPMENT

License DUI000029477

This diploma proudly certifies that

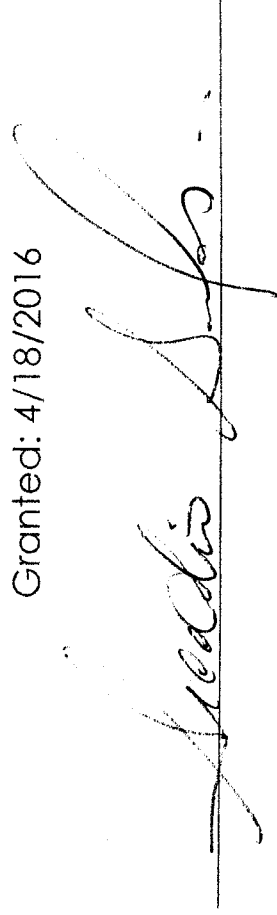
Jeffrey Hastings Clutters

has successfully completed the required

12 HOURS D.U.I. Class

License D00000032496

Granted: 4/18/2016

A handwritten signature in black ink, appearing to read "Arcadio Bolanos", is written over a horizontal line.

Arcadio Bolanos, Instructor

**A
HD**

WATCH PROGRAM CERTIFICATE Of Completion

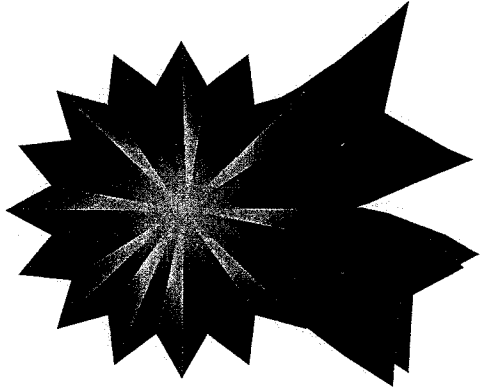
is hereby granted to:

Jeffrey Clutters

for successfully completing:

**Anger Management: Curriculum from the
CP&R Portion Dealing with Anger**

Granted: August 25, 2014



Tim J. Williams, COT

TIM J. WILLIAMS, COT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Anna Middle: Elizabeth Last: Ramirez

Home Address: 501 E. Lake Mead Pkwy Apt #: 1313

City: Henderson State: NV Zip Code: 89015

Telephone: Social Security Number:

Date of Birth: Place of Birth: Virginia, Wisconsin Sex: M or F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: CVS Store #: 82

Address: 10432 Losee Rd

City: North Las Vegas State: NV Zip Code: 890810

Signature of Managing Pharmacist: [Signature] Lic #: 18710 Date: 1/20/16

(Without the signature of the managing pharmacist, the application will be returned.)

- 1. Are you 18 years of age or older? Yes [X] No []
2. Are you a high school graduate or the equivalent? Yes [X] No []
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

Table with 2 columns: Question, Yes/No. Contains questions 3-5 regarding mental illness, legal issues, and license discipline.

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Table for Board Administrative Action with columns: State, Date, Case #.

Table for Criminal Action with columns: State, Date, Case #, County, Court. Includes handwritten entries for Arkansas and Jonesboro.

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)
Are you the subject of a court order for the support of a child? Yes [X] No []
IF you marked YES to the question, above are you in compliance with the court order? Yes [X] No []

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted: Anna Elizabeth Ramirez Date: 01/17/2016

Board Use Only Date Processed: Amount: \$40.00 91614