

BEFORE THE KANSAS BOARD OF PHARMACY

Filed By
AUG 18 2015
KANSAS STATE
BOARD OF PHARMACY

In the Matter of)
)
JOSHUA LEE PFLIEGIER)
)
_____)

Case No. 15-095

SUMMARY ORDER OF DENIAL

NOW on this 13 day of August, 2015, comes before the Kansas Board of Pharmacy (the "Board"), through its Investigation Member, the application of Joshua Lee Pfliegier ("Applicant") for registration as a Kansas pharmacy technician.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Investigation Member enters this Summary Order of Denial in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

For purposes of this order, the Board's Investigative Member makes the following findings of fact:

1. On July 1, 2015, the Board received Applicant's application for registration as a pharmacy technician in the state of Kansas ("Applicant's Application"). See EXHIBIT A.
2. As part of Applicant's Application, he answered "YES" to the following question:
 - a. "Have you ever been found in any civil, administrative, or criminal proceeding to have: a) Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or

therapeutic purposes; b) Diverted controlled substances or prescription drugs; c) Violated any state, federal, or local drug law; d) Dispensed controlled substances for yourself; or e) Violated any state or federal law or rule regulating a health care profession?”

3. With Applicant’s Application, Applicant included a written, notarized statement which provides:

a. “I pleaded no contest to a marijuana possession charge. It was in 2000 or 2001. I was nineteen and very young. I served community service and paid a fine. I am not even sure if it is on my record.”

4. Court pleadings obtained relating to Applicant’s criminal cases reflect the following:

a. On December 19, 2000, Applicant entered a plea of guilty to the charge of Battery in Case No. 2000-89891A in the Municipal Court of Lenexa, Kansas. See EXHIBIT B.

b. On February 18, 2003, Applicant entered a plea of guilty to the charge of Possession of an illegal drug in Case No. 02014656A in the Municipal Court of Lenexa, Kansas. See EXHIBIT C.

c. On October 12, 2011, Applicant entered a plea of guilty to the charge of Battery; causing rude physical contact in Case No. 11DV00843 in the District Court of Johnson County, Kansas, 10th Judicial District. See EXHIBIT D.

5. As part of the Applicant's Application, he certified that the information provided was true, correct and complete and that he understood that withholding relevant information was grounds for denying his application.

CONCLUSIONS OF LAW

1. That, pursuant to K.S.A. 65-1663, the Board may limit, suspend, or revoke a registration or deny an application for issuance or renewal of any registration as a pharmacy technician on any ground which would authorize the board to take action against the license of a pharmacist under K.S.A. 65-1627, and amendments thereto.

2. That the Board may take action against the license of a pharmacist for unprofessional conduct or professional incompetency as set forth in K.S.A. 65-1627(a)(3).

3. That K.S.A. 65-1626(ccc)(1) defines unprofessional conduct to include fraud in securing a registration.

4. That, pursuant to K.S.A. 65-1627(a)(1), the Board may take action against the license of a pharmacist if a license was obtained by fraudulent means.

5. The Applicant's failure to disclose the criminal convictions identified in paragraphs 4a and 4c above is an attempt to obtain a registration by fraud and is a basis to deny Applicant's Application.

6. That K.S.A. 65-1626(ccc)(5) defines "unprofessional conduct" to include the unlawful possession of drugs and unlawful diversion of drugs to others.

7. That K.S.A. 21-5706 provides that it is unlawful for any person to possess any opiates, opium or narcotic drugs.

8. Applicant's conduct in illegally possessing controlled substances shows unprofessional conduct and is a basis to deny Applicant's Application.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby DENIED.

NOTICES

The Applicant is hereby notified as follows:

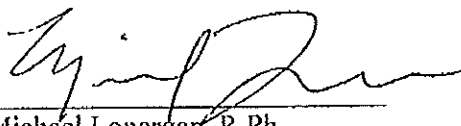
1. The Applicant may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.
2. If a hearing is not requested as described above, the Order denying Applicant's registration as a pharmacy technician shall become a final order of the Board, effective upon the expiration of the time to request a hearing.
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Debra Billingsley
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

8/13/15

Date

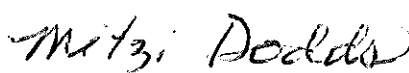


Michael Lonergan, R.Ph.
Investigation Member
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 18th day of August, 2015, deposit in the United States Mail, postage prepaid, a copy of the foregoing *Summary Order of Denial*, properly addressed to the following:

Joshua Lee Pfliegier
9810 W. 53rd St.
Merriam, KS 66203



Kansas Board of Pharmacy Staff



Received

KANSAS STATE Board of Pharmacy

KBI 71115 DI 52464

FOR OFFICE USE ONLY:	
LIC/REG NO: 14-	19304
DATE:	BY: AR
CK# 1026	AMT: \$ 68

KANSAS APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION
APPLICATION FEE: \$68.00

The Kansas State Board of Pharmacy is required under 42 USC § 666(a)(13) and KSA 74-148 and 39-758 to obtain the social security numbers of all licensees and registrants to provide to the Kansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation and will be provided to the Kansas Department of Revenue.

PART I: APPLICANT IDENTIFYING INFORMATION

SOCIAL SECURITY NUMBER: [REDACTED]		GENDER: (check one) <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	
NAME: Last	First	Middle	Suffix(Jr.)
Pflieger	Joshua	Lee	
OTHER NAMES USED: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.			
DATE OF BIRTH: MM/DD/YYYY [REDACTED]		AGE: 34	PLACE OF BIRTH: (City, State, Country) Shawnee KS United States
CURRENT HOME ADDRESS: (Street, City, State, Zip) 9810 W 53rd St Overland Kansas 66203			
PERMANENT MAILING ADDRESS: (Including Zip Code, if different from above)			
HOME PHONE NO: ()		CELL PHONE NO: (913) 575-0605	
WORK PHONE NO: (913) 239-9168		WORK FAX NO: ()	
E-MAIL ADDRESS:			
CITIZENSHIP a. Are you a citizen of the United States? (check one)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
b. If you answered NO, are you: (check one)			
<input type="checkbox"/> a qualified alien (as defined in 8 U.S.C. 1641)			
<input type="checkbox"/> a nonimmigrant under the Immigration and Nationality Act(8 USCA 1101 et seq.)			
<input type="checkbox"/> an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than 1 year			
<input type="checkbox"/> other - please provide a detailed explanation			

PART II: EDUCATION INFORMATION Check one of the following qualifications:

<input type="checkbox"/> High School Diploma or College Transcript or Diploma
What year did you receive/will you receive your high school diploma? _____
Name of School: _____ City _____ State: _____
<input checked="" type="checkbox"/> G.E.D. What month & year did/will you receive your G.E.D.? 2000 What state issued your G.E.D.? KS

Applicant's Signature: *Josh Pflieger*

PART III: EMPLOYMENT PLANS Please check one of the following:

<input type="checkbox"/> I have not yet applied for a position as a pharmacy technician.	
<input checked="" type="checkbox"/> I have applied for a pharmacy technician position with: Pharmacy Name: <u>Walgreens</u>	
Pharmacy License Number: <u>2-13109</u>	Pharmacy Telephone: <u>(913) 239-9108</u>
Pharmacy Address: <u>8681 W. 136th St., Overland Park KS 66223</u>	
Pharmacy Contact Person: <u>Lyn Sapp</u>	
Have you ever been employed as a pharmacy technician in another state/country? If you checked YES please provide the name and address of all pharmacies where you have worked as a pharmacy technician on a separate sheet.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Are you a pharmacy intern?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PART IV: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to the following questions; and, if the answer is "YES" to any part of these questions, you must provide a notarized written detailed explanation of the circumstances.

You must fully and truthfully report your entire criminal history whether or not the arrest/charge/citation was dismissed; dismissed through drug court diversion; suspended; given a diversion; or expunged under the first offender act, alternative sentencing act, or Acts 305, 346, or 531. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations; possession of controlled substances; theft; shoplifting; domestic violence; assault violations; or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it occurred.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Kansas State Board of Pharmacy at 785-296-4056 if you do not understand the above information.

Have you ever been found in any civil, administrative, or criminal proceeding to have:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes;	
b. Diverted controlled substances or prescription drugs;	
c. Violated any state, federal, or local drug law;	
d. Dispensed controlled substances for yourself;	
e. Violated any state or federal law or rule regulating a health care profession?	
Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured, or placed on probation by a state, federal, or foreign authority or have you ever surrendered such credential in connection with, or to avoid action by such authority?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you ever been cited, charged with, or convicted of the commission of any crime; offense; or violation of the law in any state or by the federal government, even if those charges were dismissed, suspended, diverted, or expunged?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is there any disciplinary action pending or any unresolved or pending complaint against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Do you currently have an alcohol or other substance abuse problem?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g. marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you been treated for a drug or alcohol addiction or participated in a rehabilitation program in the last 5 years?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Applicant's Signature: Josh P. Higgins

PART V: KBI AND FBI CRIMINAL BACKGROUND CHECK FORM

Instructions:

- 1. All information on the Criminal Background Check Form MUST be completed (typed or printed clearly) or the form will be returned to you.
- 2. The last name on your Criminal Background Check form MUST match the last name on your Board of Pharmacy application, AND your driver's license / state-issued photo ID.
- 3. You MUST submit a legible copy of your driver's license / state-issued photo ID.
- 4. The Criminal Background Check form MUST be Notarized

Full Name: Pflegier Joshua L
Last First Middle Maiden/All Other Married Names
Date of Birth: [REDACTED] State of Birth: Kansas Race: Caucasian
Social Security #: [REDACTED] Daytime Phone: (913) 575-0608 Sex: Male
Driver's License Number: [REDACTED] State of Issuance: Kansas
Mailing Address: 9810 W 53rd St Meriam KS 66203
Street Address City State Zip


I, the undersigned, give my consent to the Kansas Bureau of Investigation to conduct the required criminal background checks on myself and release any information to the Kansas State Board of Pharmacy.

Josh P. Pflegier
Signature of Applicant

6-26-15
Date

****This form MUST be NOTARIZED****

Return the following items to:
KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ST SUITE 1414
TOPEKA, KS 66612-1244
Your application and supporting documents, this form - completed and notarized, and appropriate fees.
Background checks conducted under Kansas Statutes Annotated 65-1696.

State of: Kansas County of: Johnson
Sworn to before me this 26th day of June, 2015
Mary L. Alverson
Notary Public Signature
My Commission Expires: 4-25-19

Print, Type, or Stamp Name of Notary

Applicant's Signature: Josh Pflegier

PART VI: CERTIFICATIONS

Please read carefully and sign below.

I hereby certify that I have read this application, that I understand all instructions and questions and that all information I have provided is true, correct, and complete. I understand that falsifying an application, supplying misleading information, or withholding relevant information is grounds for denial or revocation of a license and/or other sanctions. I authorize the Kansas State Board of Pharmacy to review any documents relevant to my registration and practice, including law enforcement records, administrative records, employment records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Kansas State Board of Pharmacy.

Joshua Love Pflieger
Signature of applicant (Full Legal Name)

6-26-15
Date signed

Re-Check your application to make sure it is complete and you have included everything required. Incomplete applications will not be processed. Your application will expire 6 months from date of receipt. Application fees will not be refunded. To complete your application, you must include the following documentation:

- A check or money order made out to the Kansas State Board of Pharmacy in the amount of \$68.00
- A copy of your driver's license
- A completed and notarized KBI and FBI Criminal Background Check form
- Sign **EVERY** page of this application in the lower right hand corner.
- A completed fingerprint card

The application fee is \$68. Please make your check payable to:
KANSAS STATE BOARD OF PHARMACY

Send the completed application and documents to:
KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ST SUITE 1414
TOPEKA, KS 66612-1244

KANSAS DL


COMM. CLS
 ISS 05-12-2011
 SEX M HT 5-10
 DOOR [REDACTED]

N COMM CLS C
 EXP 05-19-2017
 EYES BLU WT 180
 ENDOR
 ORGAN DONOR

PHOTOCOPY PROHIBITED
 PHOTOCOPY PROHIBITED
 PHOTOCOPY PROHIBITED

P. LESTER JOHNSON, LLC
 ACT 1
 10607 SEWELL ST
 OVERLAND PARK, KS 66204-1844
 REG.

[Signature]
 ADDRESS NUMBER



I pleaded no contest to a marijuana possession charge.
It was in 2000 or 2001, I was nineteen and very young,
I served community service and paid a fine, I am not
even sure if it is on my record.

Mary L Alverson



My commission expires 4-25-19

Just P. Alverson



Kansas State Board of Pharmacy
800 SW Jackson St Suite 1414
Topeka, KS 66612-1244
Main: 785-296-4056
Toll Free: 888-RXBOARD
Fax: 785-296-8420
www.pharmacy.ks.gov

Please read the ENTIRE application before filling it out. Type or print legibly in blue or black ink ONLY on all pages.

PHARMACY TECHNICIAN REGISTRATION
KANSAS APPLICATION and CHECKLIST/INSTRUCTIONS

APPLICATION FEE: \$68.00

To be eligible for a Kansas Pharmacy Technician Registration, you must:

- Pass a state and federal background check
- Answer the personal history questions in Part IV truthfully

1) Read the instructions on the form carefully.

2) Check your application to make sure you have completed everything required. Incomplete applications will not be processed. Applications expire 6 months from date of receipt. Application and fingerprint fees will not be refunded. For your application to be considered complete, you must include the following documentation:

- A check or money order payable to the Kansas State Board of Pharmacy in the amount of \$68.00
- 4-Page Application with every page signed in lower right hand corner
- A legible copy of your driver's license / state-issued photo ID
- A completed and notarized KBI/ FBI Criminal Background Check Form
- A completed fingerprint card. (See instructions on reverse.)

3) Send the completed application, payment, copy of your ID and fingerprint card to:

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ST., SUITE 1414
TOPEKA, KS 66612-1244

4) Please allow 30 days processing time for your registration. We will run a state and federal criminal background check for your registration.

5) If you have any questions or concerns, please contact the Kansas State Board of Pharmacy by phone at 785-296-4056 or email pharmacy@pharmacy.ks.gov.

Fingerprint Card: PLEASE use the FBI Fingerprint Card provided by the Kansas Board of Pharmacy.

- Have your fingerprints **INKED** at a law enforcement agency. Your local police or sheriff's department may be able to accommodate your request for fingerprinting, and a fee may be involved. Be sure to bring your driver's license for identification. The Kansas Bureau of Investigation at 1620 SW Tyler, Topeka, KS 66612 will also perform inked fingerprinting for a \$10 charge Monday through Friday from 8:00 a.m. to 4:00 p.m.
- You may fill out your personal information on the card in advance using a **BLACK** ink pen, but *****DO NOT SIGN** in the block "SIGNATURE OF PERSON FINGERPRINTED," **UNTIL** you are in the presence of the official who will be rolling your fingerprints. See the table below for assistance in filling out the fingerprint card. **DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.**
- Fingerprints must be completed in **BLACK** ink.
 - If an individual is missing one or more fingers, a notation is required in the fingerprint block(s) indicating why a partial or missing image exists. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI-tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.
- A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints. **IMPORTANT: If using a fingerprint card that was not provided by the Board of Pharmacy, the "ORI" field must read "KS920152Z KS BD OF PHARMACY" and the "Reason Fingerprinted" field must read "KS BD OF PHARMACY - KSA 65-1696".**
- Before mailing, make sure the card is complete with your signature, the signature of the official taking your fingerprints and is dated. Mail the fingerprint card with your application to the Kansas Board of Pharmacy.

Kansas Board of Pharmacy
800 SW Jackson St., Ste. 1414
Topeka, Ks 66612-1244
- **DO NOT CONTACT the KBI or the FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is completed. Allow 2-3 weeks for FBI background check to be completed.

Complete the following blocks on the FBI Fingerprint card: (type or print, black ink only)	
Last name, first name, middle name	Eyes (Color)
Signature of person fingerprinted *** <i>(See Note Above)</i>	BLU= Blue
Aliases (other names you have used: i.e. nicknames, maiden names, etc.)	BRO= Brown
ORI - This field should read: KS920152Z KS BD OF PHARMACY TOPEKA, KS	GRY= Gray
Date of Birth (Month / Day / Year)	GRN= Green
Residence of person fingerprinted (street address or PO Box, city, state, zip)	HAZ= Hazel
Citizenship (i.e., United States, England, Mexico, etc.)	XXX= Unknown
Sex	Hair (Color)
M= Male	BAL= Bald
F= Female	BRO= Brown
Race	BLK= Black
W= White	SDY= Sandy
H= Hispanic	GRY= Gray (or partially Gray)
B= Black	WHI= White
I= American Indian or Alaskan Native	BLN= Blonde (or Strawberry)
A= Asian or Pacific Islander	RED= Red (or Auburn)
U= Unknown	XXX= Unknown
Height (HGT)	Place of Birth (U.S. State or Foreign Country)
Height in feet and inches: i.e. 5'11" is "511"	Employer and address ("none" if you are unemployed)
Weight (WGT)	Reason Fingerprinted: This block MUST read: Kansas Board of Pharmacy - KSA 65-1696
Weight in pounds: i.e. 160 lbs. is "160"	Social Security Number
	Leave all other spaces blank (i.e., OCA, FBI, MNU)

Applicant's Signature: *John P. Phegion*

LENEXA MUNICIPAL COURT DOCKET SHEET

DEFENDANT'S NAME		RACE/SEX	BIRTH DATE
PFLIEGIER, JOSHUA L.		W/M	[REDACTED]
CASE NUMBER	CHARGE	Probation/Div Ends:	
1	2000-8989 1A BATTERY	_____ 9 AM	
2		Copies mailed to:	
3		Defendant: _____	
4		Attorney: _____	
5		House Arst: _____	
6		Monitor: _____	
7		State: _____	
8		Jail: _____	
ATTORNEY		PUBLIC DEFENDER APPOINTED Copies Mailed: 10-16-00	

DATE	ACTION TAKEN
8-3-00	Arraignment 9-6-2000 @ 6:00 PM - <i>inquire wrong ct. cont. mailed</i>
8/9/00	Initial letter to victim - B.A.T.
9-6-2000	Appearance - PD appointed; case continue to P.D. Docket By A K.F.B. 10-17-00 2:00 P.M.
10/17/00	City M.K. & P.D. A.F.T.A City requests RW
OCT 17 2000	A.F.T.A. WARRANT 00- 301 3263 500
10/25/2000	R.R. beg Synanon bond mailed, cont. 10/31/2000 at 8:30 a.m.
10/25/00	City PSB at spoke w/ victim decided not to dismiss
10/31/00	A pleads N.S. continue to P.D. Arrest K.F.B. 12-19-00 at 2:00 pm
11/7/00	Letter mailed to victim - B.A.T.
12-19-00	City M.K. O.P.D. A pleads Guilty: Penalty = \$585 fine + 15cc. \$500 of fine suspended on condition A complete + provide proof of anger control class, w/in 60 days anger control bond pay the

PAGE 1 2-27-01 at 8:20 AM \$100 due

2000 RELEASED UNDER THE KANSAS OPEN RECORDS ACT
 FILED IN 10-15-00
 SEARCHED BY [REDACTED]
 3/15

Filed By

AUG 6 2015

KANSAS STATE BOARD OF PHARMACY

LENEXA MUNICIPAL COURT DOCKET SHEET

DEFENDANT'S NAME		RACE/SEX	BIRTH DATE
PFLIEGER JOSHUA L.		W/M	[REDACTED]
CASE NUMBER	CHARGE	Probation/Div Ends:	
1	2000-0989 1A BATTERY	_____ 9 AM	
2		Copies mailed to:	
3		Defendant: _____	
4		Attorney: _____	
5		House Arst: _____	
6		Monitor: _____	
7		State: _____	
8		Jail: _____	
ATTORNEY			

DATE	ACTION TAKEN
FEB 27 2001	ARREST WARRANT 00-4705 1000
3-5-01	Arrested on warrants 3-6-01 9:25 AM
3-5-01	Arrested \$1000 surety bond with Alvin's. 3-6-01 at 8:30 AM
3-6-01	City Mgr. Cathy Hedrick, Conf by D 30 days for prog Anger Mgmt. + \$100 (If not complete I motion to issue) 4-11-01 at 6 PM
3/8/01	Funeral Disp. ltr mailed to Victim - GAT
4-11-2001	D appears, continue to 6-13-2001 at 5:30 for D to have completed Anger manag
6-13-2001	D provides court w/ anger managment class verification. Case closed remaining prob \$ fee's suspended 10/05

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT
 LENEXA MUNICIPAL COURT
 LENEXA, MISSOURI
 3/20/05

MUNICIPAL COURT OF LENEXA, KANSAS

CITY OF LENEXA 12350 W 87th St. PKwy Lenexa KS 66215

Address and Location of Court

THE CITY OF LENEXA, KANSAS

vs

Joshua L. Pflieger, Defendant

12814 W 88th Cr #103 Lenexa KS 66215, address

SSN [REDACTED] w/m 506 150
DOB [REDACTED] Race/Sex Height Weight Eye Color Hair Color

No. CRH 00-8989

COMPLAINT

STATE OF KANSAS, CITY OF
LENEXA
AND COUNTY OF
JOHNSON

Det. Derrick Pierce #3460 of Lenexa Police Department for Jennifer Skivers

of lawful age, being first duly sworn on oath, for complaint against the above named defendant alleges and states:

Count 1

That on or about July 29, 2000, the above named defendant, within the corporate limits of the above named City and State, did then and there in violation of the ordinances of said City willfully, unlawfully, and intentionally

BATTERY

2000-89891A

Cause physical contact with [REDACTED] when done in a rude, insulting or angry manner.

Ordinance violated: 3818 Sec 3-9B-2

Counts 1 through 1 attached

Notice summons issued for the defendant's appearance on

September 5, 2000, at 8:30 A.M.

OR Warrant Issued —

appearance bond requirement per warrant is - \$

D. D. Pierce #3460
Complainant

Subscribed and sworn to before me on August 3, 2000.

[Signature]
Judge/Clerk/District clerk

Commission expires:

Original for Court - Copy to prosecuting attorney

Filed By

AUG 6 2015

KANSAS STATE BOARD OF PHARMACY

MUNICIPAL COURT OF LENEXA, KANSAS

City of Lenexa 12350 W. 87th St. Pkwy Lenexa KS 66215
Address and Location of Court

THE CITY OF LENEXA, KANSAS

vi.
Joshua L. Pflieger, Defendant
12814 W 88th Ct #103 Lenexa KS 66215, address

SS# [redacted] Race/Sex W/M Height 506 Weight 150 Eye Color Blue Hair Color Brown

No. CRN 00-8989

NOTICE TO APPEAR SUMMONS
containing copy of complaint

TO THE ABOVE NAMED DEFENDANT

STATE OF KANSAS, CITY OF LENEXA AND COUNTY OF JOHNSON

WHEREAS, complaint in writing under oath is made by Det. Derrick Pierce #3460 of Lenexa Police Department for Jennifer Skivers a copy of the charge being as follows:

Count 1

That on or about July 29, 2000, the above named defendant, within the corporate limits of the above named City and State, did then and there in violation of the ordinances of said City willfully, unlawfully, and intentionally

BATTERY

Cause physical contact with [redacted] when done in a rude, insulting or angry manner.

Ordinance violated: 3818 Sec 3-9B-2

You Are Hereby Summoned to appear in person on

September 5, 2000, at 8:30 A.M. in this Court to answer to said complaint. If You Fail To Appear A Warrant Will Be Issued For Your Arrest.

Witness my hand and official seal on Aug 3, 2000

T. Fitzgerald
Judge - Clerk - City Attorney - Law Officer

I agree to appear in said Court at the above shown time and place.

Joshua Pflieger
Defendant

Counts 1 through 1 attached

RETURN	I certify under penalty of perjury that I served this summons on the following defendant: <u>Joshua Pflieger</u> (Check applicable service below)
<input checked="" type="checkbox"/>	by delivering a copy to the defendant personally
<input type="checkbox"/>	by leaving a copy with a person of discretion then residing at defendant's dwelling house or usual place of abode.
<input type="checkbox"/>	by mailing a copy to defendant's last known address:
If not served, so state above when summons returned	
<u>08/04/2000</u> Date Served	<u>D. Pierce #3460</u> Process Server

Original for service and return - Copy for defendant

Filed By
AUG 6 2015
KANSAS STATE BOARD OF PHARMACY

LENEXA MUNICIPAL COURT DOCKET SHEET

DEFENDANT'S NAME		RACE/SEX	BIRTH DATE
PFLIEGIER, JOSHUA L.		W/M	[REDACTED]
CASE NUMBER	CHARGE		Probation/Div Ends:
1	350169 B	FAIL TO SIGNAL TURN	D _____ 9 AM
2	350169 C	NO PROOF OF CURRENT INSURANCE	D Copies mailed to:
3	02014656A A	POSSESSION OF AN ILLEGAL DRUG	G Defendant: _____
4	02014656A B	POSSESSION OF ILLEGAL DRUG PARAPHERNALIA	D Attorney: _____
5			House Arst: _____
6			Monitor: _____
7			L.P.O. _____
8		PUBLIC DEFENDER APPOINTED Copies Made: <u>1-23-02</u>	State: _____
ATTORNEY			Jail: _____

DATE	ACTION TAKEN
12-04-02	Arraignment 1-08-03 @ 5:30pm
1-8-2003	Defendant appr - advised of charges, penalty, right to atty - is in need of a car for drive to get atty application filed at KRB 1-22-03 5:30 P.M.
1-22-2003	P.D. Appt'd - \$100 toward cost of lawyer, As A is to pay at P.D. docket, case continued to P.D docket. KRB 2-18-03 2:00 P.M.
2/18/03	City, R.H. & by atty Hildebrandt in person A provides proof of insurance today. Ch. 1, 2, 4 dismissed as part of plea. Ch. 3 A pleads guilty. A sentenced to 30 days custody suspended on condition of payment of \$100 Atty. Fee \$200 Fine 17 CC #317 with 100 days 4-22-03 8:30 AM

PAGE _____

Atty Fees Assessed \$100

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT
LENEXA MUNICIPAL COURT
LENEXA, KANSAS
STATE OF KANSAS
1000

Filed By _____

AUG 6 2003

P.D. Case # 02-14656

COMPLAINT AND NOTICE TO APPEAR

STATE OF KANSAS
COUNTY OF JOHNSON
CITY OF LENEXA

350169

COURT COPY

COMPLAINT - AFFIDAVIT

The undersigned being duly sworn, upon their oath complains

that on the 4 day of DEC 2002 at 2:13 Hrs.

NAME PELEGIER, JUSTUA LEE
PRINT: (Last) (First) (Middle)

ADDRESS: 10810 W. 90TH TR

CITY LENEXA STATE Ks ZIP 66214

Birth Date [REDACTED] Race W Sex M Hgt 570 Wgt 150

Div. Lic. No. [REDACTED] State Ks
C.D.L. Yes Commercial Vehicle Yes

Did unlawfully at 94TH & QUINCY
in the City of Lenexa, Kansas (Postal) (Park) A VEHICLE TO WIT:

Lic Year 03 State MO Number 30-DAY-

Veh. year 90 Make HONDA Model ACCORD Color BLUE
Accident Occurred: Construction Zone Hazardous Mat.

Work Pk #
Home Pk # 913-591-3021

A	By speeding _____ MPH in a _____ Zone <input type="checkbox"/> School Zone In violation of Sec. _____ Fine: _____
B	<u>FAIL SIGNAL TURN</u> In violation of Sec. <u>3-8A-1#54</u> Fine: <u>\$75.00</u>
C	<u>NO PROOF INS</u> In violation of <u>3-8A-1#200</u> Fine: <u>Court</u>

NAME
PELEGIER, JUSTUA L. 350169

Signature of Complainant/Officer: [Signature] Plus \$17.00 Court Cost.
Officer: [Signature] Badge #: 1548

NOTICE TO APPEAR

You are hereby summoned to appear before the Municipal Court of Lenexa, Ks at 12350 W. 87th St. Pkwy on:

8 day of JAN 2003 at 5:30 O'clock A.M.

If you fail to appear, a warrant may be issued for your arrest. I agree to appear in said Court at said time and place.

Signature of Accused [Signature]
Per [Signature]
DON POSTED BY _____ D.L. POSTED BY _____

I the above officer, served a copy of the infraction citation upon the defendant.

Filed By
AUG 6 2015
KANSAS STATE
BOARD OF PHARMACY

MUNICIPAL COURT OF Lenexa, KANSAS

12350 W 87th St Pky
Address and Location of Court

THE CITY OF Lenexa, KANSAS

vs.

PEJEGIER, JOSHUA L., Defendant

10810 W 90TH TR, LENEXA, KS 66214, address

	<u>W/M</u> Race/Sex	<u>6'10"</u> Height	<u>150</u> Weight	<u>BLU</u> Eye Color	<u>BRO</u> Hair Color
--	------------------------	------------------------	----------------------	-------------------------	--------------------------

Sealed
For Court's use

No. 02-14656

COMPLAINT

STATE OF KANSAS, CITY OF
Lenexa
AND COUNTY OF
Johnson

OFFICER MARSHALL OF THE LENEXA POLICE DEPT.

of lawful age, being first duly sworn on oath, for complaint against the above named defendant alleges and states:

Count 1

That on or about DECEMBER 4, 2002, the above named defendant, within the corporate limits of the above named City and State, did then and there in violation of the ordinances of said City willfully, unlawfully, and intentionally

DRUG POSSESSION:

It shall be unlawful for any person to deliver, possess, manufacture, have under his control, sell, or offer for sale, any illegal drugs. 02014656A A

DRUG PARAPHERNALIA:

It shall be unlawful for any person to use, or possess with the intent to use, any drug paraphernalia. 02014656A B

Ordinance violated: 3818 Sect.3-9H-1A1 / 3-9H-2A2

Counts 2 through 2 attached

Notice summons issued for the defendant's appearance on

JANUARY 8, 2003, at 5:30 P.M.

OR Warrant issued -
appearance bond requirement per warrant is - \$ _____

Subscribed and sworn to before me on 12/04/02

Complainant

Judge - Notary Public Clerk

Commission expires: _____

Original for Court - Copy to prosecuting attorney

Filed By

AUG 6 2015

KANSAS STATE
BOARD OF PHARMACY

MUNICIPAL COURT OF Lenexa, KANSAS

12350 W. 87th St Pky
Address and Location of Court

THE CITY OF Lenexa, KANSAS

vs.

PELLIEGIER, JOSHUA L., Defendant

10810 W 90TH TR, LENEXA, KS 66214, address

W/M Race/Sex 6'10" Height 150 Weight BLU Eye Color BRO Hair Color

For Court use only
SCANNED

No. 02-14656

NOTICE TO APPEAR SUMMONS
containing copy of complaint

TO THE ABOVE NAMED DEFENDANT

STATE OF KANSAS, CITY OF Lenexa AND COUNTY OF Johnson

WHEREAS, complaint in writing under oath is made by

OFFICER MARSHALL OF THE LENEXA POLICE DEPT.

a copy of the charge being as follows:

Count 1

That on or about DECEMBER 4, 2002, the above named defendant, within the corporate limits of the above named City and State, did then and there in violation of the ordinances of said City willfully, unlawfully, and intentionally

DRUG POSSESSION:

It shall be unlawful for any person to deliver, possess, manufacture, have under his control, sell, or offer for sale, any illegal drugs.

DRUG PARAPHERNALIA:

It shall be unlawful for any person to use, or possess with the intent to use, any drug paraphernalia.

Ordinance violated: 3818 Sect.3-9H-1A1 / 3-9H-2A2

Counts 2 through 2 attached

You Are Hereby Summoned to appear in person on

JANUARY 8, 2003, at 9:30 P. M.
In this Court to answer to said complaint. If You Fail To Appear A Warrant Will Be Issued For Your Arrest.

Witness my hand and official seal on 12/04/02

[Signature]
Judge - Clerk - City Attorney - Law Officer

I agree to appear in said Court at the above showing time and place.

[Signature]
Defendant

RETURN	I certify under penalty of perjury that I served this summons on the following defendant:
	<u>JOSHUA L. PELLIEGIER</u> (Check applicable service below)
<input checked="" type="checkbox"/>	by delivering a copy to the defendant personally
<input type="checkbox"/>	by leaving a copy with a person of discretion then residing at defendant's dwelling house or usual place of abode.
<input type="checkbox"/>	by mailing a copy to defendant's last known address:
	If not served, so state above when summons returned
<u>12-4-02</u>	<u>[Signature]</u>
Date Served	Process Server
Original for service and return - Copy for defendant	

Filed By

AUG 6 2015

KANSAS STATE BOARD OF PHARMACY

IN THE MUNICIPAL COURT OF LENEXA, KANSAS

FILED

MAY 05 2003

LENEXA
MUNICIPAL
COURT

CITY OF LENEXA, KANSAS,

Plaintiff,

v.

Case No. 02014656 A

JOSHUA L. PFLIEGIER,

Defendant.

MOTION TO REVOKE PROBATION

COMES NOW the Plaintiff and moves the Court to revoke the previously entered probation agreement in the above-captioned case. In support of its motion, Plaintiff states that the Defendant has not fully complied with the Court's orders and the terms of said agreement, to-wit:


Defendant was granted and entered into a Probation Agreement on February 18, 2003, at which time he agreed to specific terms and conditions. One of those terms stipulated he was to pay the Court \$317.00 within 60 days. To date, the Court has received no monies from Defendant. Therefore, Defendant is in violation of his Probation Agreement.


MARCIA L. KNIGHT

NOTICE OF HEARING

TO: JOSHUA L. PFLIEGIER

Take notice that the above-captioned motion will come on for hearing on the 10th day of June, 2003, at 10:00 a.m., before the Honorable Kato Baird, in the Municipal Court of the City of Lenexa, Kansas. You are asked to appear on that date and time. Failure to appear at the above-scheduled hearing will result in the Motion to Revoke being granted.



MARCIA L. KNIGHT

CERTIFICATE OF MAILING

I hereby certify that a copy of the above and foregoing motion was placed in the United States Mail, postage prepaid, this 5 day of May, 2003, addressed to:

Joshua L. Pflieger
10810 West 90th Terrace
Lenexa, KS 66214

Bruce Hedrick, Attorney at Law
6145 Grandview
Merriam, KS 66202


MARCIA L. KNIGHT, CITY PROSECUTOR
City of Lenexa
12350 West 87th Street
Lenexa, Kansas 66215
(913) 477-7620

Filed By

AUG 6 2015

KANSAS STATE
BOARD OF PHARMACY

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT
LENEXA MUNICIPAL COURT
LENEXA, KANSAS
STACY BACHUS
2015

Case No 11DV00843 Judge TIMOTHY P MCCARTHY Division 18 Status C
 Last Name PFLIEGIER First Name JOSHUA Mid Name LEE Suf
 Race/Sex/DOB W/M [REDACTED] Prob J. MATTHEWS Def Atty CHAHINE Pros FRIDELL, Z
 Ofer

Search CASE HISTORY (ROA) Charges Accounting Calendar Other Cases

Sort by Ascending Order Sort by Descending Order Print Friendly

11/16/2012	FILE STAMP 11/16/2012, ORDER OF PROBATION TERMINATED
02/27/2012	CHANGED STATUS FROM P TO "C"
11/16/2011	ADDL COST AIDC 240.00
11/16/2011	AID AWARDED TO ATTORNEY HATEM CHAHINE
10/19/2011	ADDL COST DVSF 100.00
10/18/2011	FILE STAMP 10/17/2011, JOURNAL ENTRY OF SENTENCING
10/17/2011	COUNT 1 21-5413(a), COURT COSTS TO DEFENDANT FROM 155.50 TO 161.50
10/17/2011	PROBATION FEE OF 60.00
10/13/2011	FILE STAMP 10/13/2011, ORDER OF PROBATION
10/13/2011	FILE STAMP 10/13/2011, PLEA AGREEMENT
10/12/2011	BOND SUPERVISION FEE OF \$0.00
10/12/2011	CHANGED STATUS FROM "O" TO "P"
10/12/2011	COURT COST \$155.50
10/12/2011	COUNT 1 21-5413(a) PLAINTIFF APPEARS BY A SCOTT, DEFENDANT APPEARS WITH ATTORNEY H CHAHINE, DEFENDANT ARRAIGNED, PLEA GUILTY, FINDING GUILTY, DEFENDANT SENTENCED TO CUSTODY OF SHERIFF'S DEPARTMENT, REENTRY IF ELIGIBLE, JAIL FOR A PERIOD OF 90D//, PROBATION GRANTED FOR 12M/ACS, COURT COSTS TO DEFENDANT, COMMENT AID \$240 ORDERED (SW)(HE)
10/12/2011	FILE STAMP 10/12/2011, ORDER APPOINTING COUNSEL FILED, HATEM CHAHINE
10/12/2011	FILE STAMP 10/12/2011, AMENDED COMPLAINT

10/12/2011	DEFENDANT REPORTED TO ROOM 326 FOR COURT SERVICE AND HAS BEEN GIVEN REPORTING INSTRUCTIONS
10/12/2011	COUNT 1 21-5414(b)(1) DOM BATT W/NO PRIORS MISDEMEANOR LEVEL B, PERSON, AMENDED ON 10/12/11, TO 21-5413(a) BATTERY, MISDEMEANOR, LEVEL B, PERSON
10/05/2011	BOND SUPERVISION FEE OF \$105.00
09/27/2011	FILE STAMP 9/27/2011, ORDER FOR CONTINUANCE
09/26/2011	CANCELLED DIVERSION on 10/05/11, 10:00am, Div19
09/23/2011	FILE STAMP 9/23/2011, MOTION FOR CONTINUANCE
09/20/2011	SCHED. PLEA on 10/12/11, 09:00am, Div 19
08/31/2011	FILE STAMP 8/31/2011, FINANCIAL AFFIDAVIT FILED (APPROVED)
08/30/2011	<***** Bench Notes *****> COURT APPROVES FINANCIAL AFFIDAVIT.
08/24/2011	COUNT 1 21-5414(b)(1) PLAINTIFF APPEARS BY M OBERMEIER, DEFENDANT APPEARS WITH ATTORNEY H CHAHINE, CONTINUED BY DEFENSE, COMMENT GFA; DIVERSION 10/5/11 10:00 A.M. (SW)(ER)
08/24/2011	SCHED. DIVERSION on 10/05/11, 10:00am, Div19
08/24/2011	MEMO; DIVERSION BEING APPLIED FOR
08/09/2011	BOND SUPERVISION FEE OF \$60.00
07/11/2011	BOND SUPERVISION FEE OF \$60.00
07/06/2011	FILE STAMP 7/6/2011, SUPERVISOR'S APPROVAL FOR LEGAL INTERN TO APPEAR PURSUANT TO SUPREME COURT RULE 709
07/06/2011	FILE STAMP 7/6/2011, BOND FILED
07/06/2011	JUDGE SW ASSIGNED TO CASE, DIV 19
07/05/2011	COUNT 1 21-5414(b)(1) DEFENDANT ORDERED TO PERSONALLY APPEAR AT NEXT COURT HEARING (DWV)()
07/06/2011	PROBATION RECORD CREATED
07/05/2011	PR POSTED, \$2500.00- SURETY NAME: JOSHUA LEE PFLIEGIER
07/05/2011	FILE STAMP 7/5/2011, DOMESTIC VIOLENCE COURT BOND CONDITIONS
07/05/2011	SET BOND CONDITION: BOND SUPERVISION - CONTACT COURT SERVICES WITHIN 24 HRS OF RELEASE (913) 715-7535
07/05/2011	COUNT 1 21-5414(b)(1) PLAINTIFF APPEARS BY FRITZ, DEFENDANT APPEARS IN CUSTODY PRO

CASE HISTORY (ROA)

	SE, COURT APPOINTED COUNSEL REQUESTED CHAHINE, READING WAIVED, PLEA NOT GUILTY, SET BOND 2500/PERSONAL RECOGNIZANCE BOND, DEFENDANT PLACED ON BOND SUPERVISION (DWV)0
07/05/2011	SET BOND CONDITION, NO VIOLENT CONTACT VICTIMS/ WITNESSES AFTER 72 HOURS MEDICATION AS PRESCRIBED FRANCIS MAY RETRIEVE PERSONAL ITEMS/CHILD EXCHANGES
07/05/2011	SCHED. DIVERSION on 08/24/11, 10:00am, Div19
07/05/2011	DEFENSE ATTORNEY CHAHINE, HATEM B ASSIGNED
07/05/2011	FILE STAMP 7/5/2011, BOND ASSESSMENT FORM
07/05/2011	FILE STAMP 7/5/2011, COMPLAINT, INITIATION OF ACTION
07/05/2011	FILE STAMP 7/5/2011, AFFIDAVIT
07/05/2011	SCHED. AR on 07/05/11, 02:30pm, Div# M4
07/05/2011	JUDGE JEP ASSIGNED TO CASE
07/05/2011	INITIAL CHARGE# 21-5414(b)(1) DOM BATT W/NO PRIORS FILED
07/05/2011	CASE FILED, Agency OPPD, Agency Rpt# 11-013263

Case No: 11070843 Judge: TIMOTHY P MCCARTHY Division: B Status: C
 Last Name: PFLUGER First Name: JOSEPH Name: LEE Self
 Rate Set: DOB: [REDACTED] Prob: J. MATTHEWS Orig: CASHINE Bros: CREDELL, Z

Search CASE HISTORY FGA Charges Accounting Calendar Other Cases

ASSESSED TYPE	ASSESSED AMOUNT	AMOUNT PAID	BALANCE
FEE			
COURT COST	0.00	0.00	0.00
RESTITUTION	161.50	161.50	0.00
BSF BOND SUPERVISION FEE	0.00	0.00	0.00
DIV AP (DIVERSION APPLICATION FEE)	225.00	225.00	0.00
PROB PROBATION FEE	30.00	30.00	0.00
DASS (D.V. SPECIAL PROGRAMS FEES FUND)	60.00	60.00	0.00
AIDC (COUNTY DEFENDER)	100.00	100.00	0.00
TOTALS	240.00	240.00	0.00