

RUN TIME: 5:31:09 PM

RUN DATE: 7/22/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV A JTR ADD ON 8:30AM
Court Date:	7/23/2024
Judge:	GUTMAN, JACK N
Court Room:	COURTROOM 22 IN-PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CM-001539-A

CNTY CRIM DIV A GUTMAN, JACK N

DIV A JTR ADD ON 8:30AM

AWESU, SIMON PETER O A

24914 SILVERSMITH DR, LUTZ, FL 33559

ALIAS: AWESU, SIMON PETER

SET FOR: JURY TRIAL AT 8:30:00 AM

Gender: Male

HEARING COMMENTS:

Race: Black

DOB: 2/5/1999

DL: FL-A200795990450

Warrant:

OFFENSE DATE: 2/11/2024

IN CUSTODY: NO

DATE OF ARREST: 02/11/2024

BOOKING NO: 2024-4628

SOID: 00971304

BOND OUT DATE: 02/21/2024

BOND TYPE: SURETY

BOND AMOUNT: \$500.00; \$500.00

BOND COMPANY: WALK OUT BAIL BONDS, LLC.

CASH BOND DEP:

PD APP / UNAPP / WDRAW

PA PD RC

DE LA GRANA, FRANCESCA

PROSECUTOR: MULLINS, PATRICIA
EVE

INTERPRETER
LANGUAGE:

WITNESS:

LEO AGENCY:

In Person Remote Combination

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	84302-COPS1001 (MF) RESISTING OFFICER WITHOUT VIOLENCE		WPNG	
2	3161931-TRAF1012 (MS) DRIVING UNDER THE INFLUENCE		WPNG	

SPEEDS: BAC LEVEL:

ADDITIONAL INFORMATION:

FUTURE HEARINGS:

JURY TRIAL 7/24/2024 8:30:00 AM

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST WJTR CHOP

VOP: Admit Deny DISM In Violation: Y N

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP

DLAP DVIP MIP RIDR

COJA / SRCJ: _____Days/Months W/Credit _____ Time served SUSP

PROB: _____Months AUTOET NOAUTO Report
____Total CSH (W/HCSOWD____) (May Buy _____)

CONT REVK REIN SACO MOD TERM: S U

PROV: NCWV NVCW STFR LOAP GADL OGED
AEAT ACAM DETN DVET STHS PPET

ATNAW CRTDDS ADUI CPTS AVIO

DND IGINTER VIMF _____ days DLRE _____ months

RDSU _____ First no sooner than _____ days

JURY: JRSEL JRSWR JTRC

FINANCIAL: MCCI COP COI \$_____ PDLI PPFEE

Convert CC to CSH / Lien

Fine \$ _____ Rest \$ _____

To Pay By:

CAPIAS: \$ _____ EA CT Recall Capias
EST Revoke Set Aside Discharge Reinstate
D6 Reinstate

CONTINUE: Hearing Type Date Time