

RUN TIME: 5:31:23 PM
RUN DATE: 6/27/2025

CLERK OF THE CIRCUIT COURT
COURT CALENDAR
COUNTY CRIMINAL COURT CALENDAR

	Session Description
Court Session:	DIV A MOT ADD ON 1:30PM
Court Date:	6/30/2025
Judge:	GUTMAN, JACK N
Court Room:	COURTROOM 11 IN PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

GONZALEZ RODRIGUEZ, LUIS MANUEL 14624 GRENADINE DR #2, TAMPA, FL 33613

ALIAS:

SET FOR: MOTION HEARING AT 1:30:00 PM

Gender: Male

Race: White

DOB: 3/27/1995

DL: FL-G631483263000

Warrant:

OFFENSE DATE: 4/13/2025

IN CUSTODY: YES FRJ - 12/A/OPEN

DATE OF ARREST: 04/13/2025

BOOKING NO: 2025-12100

SOID: 00990188

BOND OUT DATE: 04/13/2025

BOND TYPE: CASH

BOND AMOUNT: \$500.00

BOND COMPANY:

CASH BOND DEP: PEREZ, VALERIE

PD APP / UNAPP /WDRAW

PA

PD

RC

DEFENDER, PUBLIC

PROSECUTOR:

 MOSCO , NICOLAS ANTHONY

INTERPRETER

 LANGUAGE:

WITNESS:

LEO AGENCY:

In Person

Remote

Combination

HEARING COMMENTS:

MOTION TO REINSTATE BOND

COUNT OFFENSE DESCRIPTION

1 8120142F -THEF1013 (MF) PETIT THEFT FIRST DEGREE (\$100 OR MORE, BUT LESS THAN \$750)

SPEEDS:

BAC LEVEL:

ADDITIONAL INFORMATION:

FUTURE HEARINGS:

PRETRIAL CONFERENCE 7/18/2025 1:30:00 PM

JT - LAST CALL 7/28/2025 8:30:00 AM

PENDING CASES:

25-CM-005780-A

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 _____		Ti me 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		