

RUN TIME: 3:30:40 PM

RUN DATE: 7/25/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV D DISPO W/CT 1:30PM
Court Date:	7/30/2024
Judge:	RICH, JEFFREY M
Court Room:	COURTROOM 20 IN PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CM-003133-A

CNTY CRIM DIV D RICH, JEFFREY M

DIV D DISPO W/CT 1:30PM

CASILUS, DUMAS

12315 CORRINE AVE, SPRING HILL, FL 34609

ALIAS:

SET FOR: DISPOSITION AT 1:30:00 PM

Gender: Male

HEARING COMMENTS:

Race: Black

TO BE HEARD WITH 24-CT-4850

DOB: 12/4/1980

DL: FL-C242160804440

COUNT OFFENSE DESCRIPTION

CITATION #

PLEA

DISPO

Warrant:

1 84302-COPS1001 (MF) RESISTING OFFICER WITHOUT VIOLENCE

WPNG

OFFENSE DATE: 3/22/2024

2 3161931-TRAF1012 (MS) DRIVING UNDER THE INFLUENCE

AJBKTDE

WPNG

IN CUSTODY: NO

DATE OF ARREST: 03/23/2024

BOOKING NO: 2024-9651

SOID: 00975126

SPEEDS:

BAC LEVEL: 0.190

ADDITIONAL INFORMATION:

BOND OUT DATE: 03/23/2024

BOND TYPE: CASH

BOND AMOUNT: \$500.00; \$500.00

BOND COMPANY:

CASH BOND DEP: CASILUS, DUMAS

FUTURE HEARINGS:

PENDING CASES:

24-CT-004850

Concurrent / Consecutive to Each Count / Case(s)

PA PD RC

BRAXTON, MICHAEL SCOTT

PROSECUTOR: JACKLE, SKYLER
GRAY; PAINE,
LAWRENCE ROBERT

INTERPRETER
LANGUAGE:

WITNESS:

LEO AGENCY: HCSO

In Person Remote Combination

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