

RUN TIME: 3:33:48 PM

RUN DATE: 7/17/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV E MOT 1:30PM
Court Date:	7/22/2024
Judge:	SCOTT, MONIQUE M
Court Room:	COURTROOM 33 IN-PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CM-004410-A

CNTY CRIM DIV E SCOTT, MONIQUE M

DIV E MOT 1:30PM

HINDS, JOHN ANTHONY

4718 W BAY VISTA AVE, TAMPA, FL 33611

ALIAS: HINDS, JOHN

SET FOR: MOTION/PENDING CASE AT 1:30:00 PM

Gender: Male

HEARING COMMENTS:

Race: White

Motion To Exclude Statements Of The Defendant Based On The Corpus Delecti Rule

DOB: 6/7/1950

DL: FL-H532461502070

Warrant:

COUNT OFFENSE DESCRIPTION

CITATION #

PLEA

DISPO

1 810091A2A-TRES4001 (MF) TRESPASS ON PROPERTY OTHER THAN STRUCTURE OR CONVEYANCE

NONE

2 806131B2-CRMS2000 (MF) CRIMINAL MISCHIEF \$200 TO \$1000

NONE

OFFENSE DATE: 3/14/2024

IN CUSTODY: NO

DATE OF ARREST:

BOOKING NO:

SOID: 00098111

SPEEDS:

BAC LEVEL:

BOND OUT DATE:

BOND TYPE:

BOND AMOUNT:

BOND COMPANY:

CASH BOND DEP:

ADDITIONAL INFORMATION:

FUTURE HEARINGS:

DISPOSITION

7/30/2024 1:30:00 PM

PD APP / UNAPP /WDRAW

PA PD RC

ADAMS, JULIUS E

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PROSECUTOR: KINART, HALEY MARIE

INTERPRETER

LANGUAGE:

WITNESS:

LEO AGENCY:

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