

RUN TIME: 3:40:04 PM

RUN DATE: 10/9/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV F MOT 1:30PM
Court Date:	10/14/2024
Judge:	BAGGE-HERNANDEZ, MICHAEL C
Court Room:	COURTROOM 30 IN-PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CM-008124-A

CNTY CRIM DIV F BAGGE-HERNANDEZ, MICHAEL C

DIV F MOT 1:30PM

WHITE, JARRED DEON

9402 CHANNING HILL DR, SUN CITY CENTER, FL 33573

ALIAS: WHITE, JARRED D

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

Gender: Male

HEARING COMMENTS:

Race: Black

MOTION TO CONTINUE TRIAL

DOB: 3/1/1997

DL: FL-W300424970810

COUNT OFFENSE DESCRIPTION

CITATION #

PLEA

DISPO

1 784031 - DVST0001 (MF) BATTERY

NG

Warrant:

OFFENSE DATE: 7/18/2024

IN CUSTODY: YES FRJ - 12/C/OPEN

SPEEDS:

BAC LEVEL:

DATE OF ARREST:

ADDITIONAL INFORMATION:

BOOKING NO:

SOID: 00952270

BOND OUT DATE:

BOND TYPE:

FUTURE HEARINGS:

BOND AMOUNT:

PRETRIAL CONFERENCE 10/16/2024 1:30:00 PM

BOND COMPANY:

JURY TRIAL 10/22/2024 9:00:00 AM

CASH BOND DEP:

PD APP / UNAPP /WDRAW

PENDING CASES:

PA PD RC

22-CF-009090-A

PAVLIDIS , MARIA; DEFENDER, PUBLIC;
MAYBERRY , JASON MATTHEW

Concurrent / Consecutive to Each Count / Case(s)

PROSECUTOR: ADAMS , ASHLEY
MICHELLE

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 Reinstae
D6 Reinstae

CONTINUE: Hearing Type Date Time