

RUN TIME: 3:30:12 PM

RUN DATE: 10/11/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

CIRCUIT CRIMINAL COURT CALENDAR

Session Description

Court Session: DIV T ORDER TO SHOW CAUSE
4:00PM

Court Date: 10/16/2024

Judge: BROWN, CHRISTOPHER E

Court Room: COURTROOM 23 IN-PERSON

Court Convene: _____

Court Adjourn: _____

Court Reporter: _____

State Attorney: _____

Public Defender: _____

Court Clerk: _____

Ext: _____

PARKS, BELIX

10104 MANGROVE WELL RD, SUN CITY CENTER, FL 33573

Alias:

SET FOR: ORDER TO SHOW CAUSE AT 4:00:00 PM

HEARING COMMENTS:

Gender: Female

Race: Hispanic

DOB: 7/16/1983

DL: FL-P620060837560

Vehicle:

Vehicle Tag:

Offense Date: 08/26/2021

In Custody: NO

Booking NO:

SOID:

PD APP / UNAPP /WDRAW

PA PD RC

Prosecutor:

Interpreter

Language:

Witness:

LEO: FELICIANO, LESLIE

Agency: HILLSBOROUGH COUNTY

In Person Remote Combination

COUNT	CITATION #	OFFENSE DESCRIPTION
1		627BF - (CN) DANGEROUS DOG NON COMPLIANCE (FIRST OFFENSE)

PENDING CASES:

24-IN-002025-A

PLEA: G G BY COURT NC NG NG BY COURT

DISP: IN VIOL NOT IN VIOL DISM

FINANCIAL: MCCI NPPF Fine \$ _____

FINES/COSTS PREVIOUSLY IMPOSED IN ODY

FINES/COSTS PREVIOUSLY IMPOSED IN ODY AND FINE REDUCED TO \$ _____

To Pay By: _____

CONTINUE:	Hearing Type	Date	Time

PARKS, BELIX

10104 MANGROVE WELL RD, SUN CITY CENTER, FL 33573

Alias:

SET FOR: CIVIL INFRACTION ARRAIGNMENT AT 4:00:00 PM

HEARING COMMENTS:

Gender: Female

Race: Hispanic

DOB: 7/16/1983

DL: FL-P620060837560

Vehicle:

Vehicle Tag:

Offense Date: 07/05/2024

In Custody: NO

Booking NO:

SOID:

PD APP / UNAPP /WDRAW

PA PD RC

Prosecutor:

Interpreter

Language:

Witness:

LEO: TONSKI, MARISSA

Agency: HILLSBOROUGH COUNTY

In Person Remote Combination

COUNT	CITATION #	OFFENSE DESCRIPTION
1		627BF - (CN) DANGEROUS DOG NON COMPLIANCE (FIRST OFFENSE)

PENDING CASES:

21-IN-003620-A

PLEA: G G BY COURT NC NG NG BY COURT

DISP: IN VIOL NOT IN VIOL DISM

FINANCIAL: MCCI NPPF Fine \$ _____

FINES/COSTS PREVIOUSLY IMPOSED IN ODY

FINES/COSTS PREVIOUSLY IMPOSED IN ODY AND FINE REDUCED TO \$ _____

To Pay By: _____

CONTINUE:	Hearing Type	Date	Time
