

RUN TIME: 3:35:42 PM

RUN DATE: 4/18/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	MISD 9:00 ARGN (IN PERSON)
Court Date:	4/23/2024
Judge:	WEIS, RICHARD A
Court Room:	PLANT CITY COURTROOM 3 IN-PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CM-002964-A

CNTY CRIM PC DIV X2 WEIS, RICHARD A

MISD 9:00 ARGN (IN PERSON)

DELY, ESLEINE

1808 E CURTIS ST, TAMPA, FL 33610

ALIAS: DELY, ESLEINE ANGIE

SET FOR: ARRAIGNMENT AT 9:00:00 AM

Gender: Female

HEARING COMMENTS:

Race: Black

DOB: 2/12/1991

DL: FL-D400200915520

COUNT OFFENSE DESCRIPTION

CITATION #

PLEA

DISPO

Warrant:

1 322342B - TRAF6069 (MF) DRIVING WHILE LICENSE CANCELED SUSPENDED OR REVOKED (SECOND OR SUBSQ OFFENSE

AIUVP4E

OFFENSE DATE: 3/5/2024

IN CUSTODY: NO

DATE OF ARREST:

SPEEDS:

BAC LEVEL:

BOOKING NO: 2024-7279

ADDITIONAL INFORMATION:

SOID: 00874112

BOND OUT DATE: 03/05/2024

BOND TYPE: SURETY

FUTURE HEARINGS:

BOND AMOUNT: \$2,500.00

BOND COMPANY: ROCHE BAIL BONDS, INC.

PENDING CASES:

CASH BOND DEP:

21-TR-008063

PD APP / UNAPP / WDRAW

Concurrent / Consecutive to Each Count / Case(s)

PA  PD  RC

DEFENDER, PUBLIC

PROSECUTOR: BRITTON, SHAWNNA ASHLEY

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