RUN TIME: 3:33:52 PM

RUN DATE: 10/5/2026

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session: DIV A DISPO 9:15AM

Court Date: 10/8/2026

Judge: SMITH, MATTHEW A

Court Room: ANNEX COURTROOM 24

Court Convene: _____

Court Adjourn: _____

Court Clerk: _____

Ext: _____

Total Pages: _____

☐ **Defendant: ABDELAAL, YAZAN MOUSTAFA YOUSSEF**

Address: 351 MANGROVE MANOR DR, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 12/8/1992 **Gender:** Male **Race:** White

DL: FL-A239250288000

Alias:

Warrant:

Date of Offense: 01/16/2026 **Date of Arrest:**

Charging Document Date: 1/19/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	AMOQPGE	WPNG	

SPEED: 107

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **ABNEY, KYMYA VANA**

Address: 414 N 60TH ST, PHILADELPHIA, PA 19151

Interpreter: **Y** **N** **Language:**

DOB: 7/8/2000 **Gender:** Female **Race:** Black

DL: PA-OOS

Alias:

Warrant:

Date of Offense: 09/28/2025 **Date of Arrest:** 09/28/2025

Charging Document Date: 9/29/2025

SOID: 01001961

In Custody: NO

Booking No: 2025-33737

Bond Out Date: 09/28/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: NEAL, KATRINA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MALTEZOS , STEPHEN CHARLES **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJBL4UE	WPNG	

SPEED:

BAC LEVEL: 0.098

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-101791

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ABNEY, KYMYA VANA**

Address: 414 N 60TH ST, PHILADELPHIA, PA 19151

Interpreter: Y N **Language:**

DOB: 7/8/2000 **Gender:** Female **Race:** Black

DL: PA-OOS

Alias:

Warrant:

Date of Offense: 09/28/2025 **Date of Arrest:**

Charging Document Date: 9/29/2025

SOID: 01001961

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MALTEZOS , STEPHEN CHARLES **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316075(1)C1 - 545 FAIL TO STOP AT STEADY RED SIG	ALSPMKE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015531

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ACABA, JAMES VIRGIL**

Address: 1806 E POWHATAN AVE, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 5/18/1994 **Gender:** Male **Race:** Other

DL: FL-A226689658000

Alias: ACABA, JAMES; ACABA, JAMES VIRGIL, II

Warrant:

Date of Offense: 05/14/2026 **Date of Arrest:** 05/14/2026

Charging Document Date: 5/15/2026

SOID: 01003917

In Custody: NO

Booking No: 2026-16377

Bond Out Date: 05/14/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: AARON'S BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQUYRE	NG	

SPEED:

BAC LEVEL: 0.130

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-068656

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ACABA, JAMES VIRGIL**

Address: 1806 E POWHATAN AVE, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 5/18/1994 **Gender:** Male **Race:** Other

DL: FL-A226689658000

Alias: ACABA, JAMES; ACABA, JAMES VIRGIL, II

Warrant:

Date of Offense: 05/14/2026 **Date of Arrest:**

Charging Document Date: 5/15/2026

SOID: 01003917

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AN8ZGLE		

SPEED: 54

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007480

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ACACIA, AKEEM CARELL**

Address: 14507 PRISM CIR #APT 203, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 5/30/1989 **Gender:** Male **Race:** White

DL: FL-A222930726000

Alias: ACACIA, AKEEM C

Warrant:

Date of Offense: 05/16/2026 **Date of Arrest:** 05/16/2026

Charging Document Date: 5/18/2026

SOID: 00874943

In Custody: NO

Booking No: 2026-16759

Bond Out Date: 05/17/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	ANBOCCE	WPNG	

SPEED:

BAC LEVEL: 0.230

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ACURERO RUZ, SAMUEL ALBERTO**

Address: 11756 LYNN BROOK CIR, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 11/24/2006 **Gender:** Male **Race:** Hispanic

DL: FL-A620386165000

Alias:

Warrant:

Date of Offense: 01/19/2026 **Date of Arrest:**

Charging Document Date: 1/22/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	AMK5UKE	WPNG	

SPEED: 104

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AGUILLON-CHAVERO, SERGIO**

Address: 119 CHERRY LANE, TAMPA, FL 33610

Interpreter: Y N **Language:** Spanish

DOB: 6/13/2004 **Gender:** Male **Race:** White

DL: FL-A640612375000

Alias:

Warrant:

Date of Offense: 06/02/2026 **Date of Arrest:**

Charging Document Date: 6/9/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANNL20E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-009131

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AGUILLON-CHAVERO, SERGIO**

Address: 119 CHERRY LANE, TAMPA, FL 33610

Interpreter: Y N **Language:** Spanish

DOB: 6/13/2004 **Gender:** Male **Race:** White

DL: FL-A640612375000

Alias:

Warrant:

Date of Offense: 06/06/2026 **Date of Arrest:**

Charging Document Date: 6/11/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN8V4GE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008751

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALBERTOS HERNANDEZ, MARIA ESTHER**

Address: 7416 ARIPEKA DR, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 3/15/1965 **Gender:** Female **Race:** White

DL: FL-A416545655950

Alias:

Warrant:

Date of Offense: 08/02/2026 **Date of Arrest:**

Charging Document Date: 8/4/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AO0ZNQE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-099721

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALBERTOS HERNANDEZ, MARIA ESTHER**

Address: 7416 ARIPEKA DR, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 3/15/1965 **Gender:** Female **Race:** White

DL: FL-A416545655950

Alias:

Warrant:

Date of Offense: 08/02/2026 **Date of Arrest:**

Charging Document Date: 8/3/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32007(3)(B) - 381 OPER MV/MOBL HOM W/EXP REG MORE THAN 6 MO - 1ST OFF	AO0ZNRE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011773

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALDRICH, JASON LYNN**

Address: 2672 MORNING GLORY DR, OKEMOS, MI 48864-4603

Interpreter: Y N **Language:**

DOB: 4/29/1970 **Gender:** Male **Race:** White

DL: MI-OOS

Alias:

Warrant:

Date of Offense: 04/20/2026 **Date of Arrest:** 04/20/2026

Charging Document Date: 4/20/2026

SOID: 01011304

In Custody: NO

Booking No: 2026-13212

Bond Out Date: 04/20/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: ALDRICH, JASON LYNN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** GONZALEZ, BRIAN EDWARD **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** TTPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AKAHLRE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006166, 26-TR-058127

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALDRICH, JASON LYNN**

Address: 2672 MORNING GLORY DR, OKEMOS, MI 48864-4603

Interpreter: Y N **Language:**

DOB: 4/29/1970 **Gender:** Male **Race:** White

DL: MI-OOS

Alias:

Warrant:

Date of Offense: 04/20/2026 **Date of Arrest:** 04/20/2026

Charging Document Date: 4/21/2026

SOID: 01011304

In Custody: NO

Booking No: 2026-13212

Bond Out Date: 04/20/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: ALDRICH, JASON LYNN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** GONZALEZ, BRIAN EDWARD **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** TTPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN9TIRE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006165, 26-TR-058127

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALDRICH, JASON LYNN**

Address: 2672 MORNING GLORY DR, OKEMOS, MI 48864-4603

Interpreter: Y N **Language:**

DOB: 4/29/1970 **Gender:** Male **Race:** White

DL: MI-OOS

Alias:

Warrant:

Date of Offense: 04/20/2026 **Date of Arrest:**

Charging Document Date: 4/21/2026

SOID: 01011304

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** GONZALEZ, BRIAN EDWARD **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TTPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316088(2) - 631 DRIVING IN WRONG DIR ON ONE-WAY RDWY	AN9TIQE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006165, 26-CT-006166

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALICEA, JONATHAN MARCUS**

Address: 7216 HANDCOCK STREET, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/13/1981 **Gender:** Male **Race:** White

DL: FL-A420433810530

Alias: ALICEA, JONATHAN M; ALICEA, JONATHON MARCUS

Warrant:

Date of Offense: 05/23/2026 **Date of Arrest:** 05/24/2026

Charging Document Date: 5/25/2026

SOID: 00530179

In Custody: NO

Booking No: 2026-17602

Bond Out Date: 05/24/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: TORRES, STEPHANIE JOY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MADDUX , MICHAEL P **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBOFLE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

14-TR-177556, 26-CT-007915

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALICEA, JONATHAN MARCUS**

Address: 7216 HANDCOCK STREET, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/13/1981 **Gender:** Male **Race:** White

DL: FL-A420433810530

Alias: ALICEA, JONATHAN M; ALICEA, JONATHON MARCUS

Warrant:

Date of Offense: 05/23/2026 **Date of Arrest:** 05/24/2026

Charging Document Date: 5/25/2026

SOID: 00530179

In Custody: NO

Booking No: 2026-17602

Bond Out Date: 05/24/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: TORRES, STEPHANIE JOY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MADDUX , MICHAEL P **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANEN5AE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

14-TR-177556, 26-CT-007914

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **ALLENDE FERRER, ANROMYR**

Address: 13245 SANCTUARY COVE DRIVE UNIT 203, TEMPLE TERRACE, FL 33637

Interpreter: **Y** **N** **Language:**

DOB: 7/2/1974 **Gender:** Female **Race:** White

DL: FL-A453000747420

Alias:

Warrant:

Date of Offense: 06/13/2026 **Date of Arrest:** 06/13/2026

Charging Document Date: 6/14/2026

SOID: 01013962, 1013962

In Custody: NO

Booking No: 2026-20332

Bond Out Date: 06/14/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: BOB'S BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDY , DAVID CHRISTOPHER **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: TTPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AKAHLYE	WPNG	

SPEED:

BAC LEVEL: 0.162

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008791

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALLENDE FERRER, ANROMYR**

Address: 13245 SANCTUARY COVE DRIVE UNIT 203, TEMPLE TERRACE, FL 33637

Interpreter: Y N **Language:**

DOB: 7/2/1974 **Gender:** Female **Race:** White

DL: FL-A453000747420

Alias:

Warrant:

Date of Offense: 06/13/2026 **Date of Arrest:** 06/13/2026

Charging Document Date: 6/14/2026

SOID: 01013962, 1013962

In Custody: NO

Booking No: 2026-20332

Bond Out Date: 06/14/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: BOB'S BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDY , DAVID CHRISTOPHER; PLUMB , KARLY NICOLE **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: TTPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	AKAHLZE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008790

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALLISON, TRYSTAN JAMES**

Address: 513 N SAINT CLOUD AVE, VALRICO, FL 33594

Interpreter: Y N **Language:**

DOB: 5/6/2003 **Gender:** Male **Race:** White

DL: FL-A425810031660

Alias:

Warrant:

Date of Offense: 11/23/2025 **Date of Arrest:** 11/23/2025

Charging Document Date: 11/24/2025

SOID: 01004593

In Custody: NO

Booking No: 2025-40652

Bond Out Date: 11/23/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: ALLISON, MISSY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619222A - 668 OPERATE VEHICLE EXCEED SPEED LIMIT 50+ MPH	AMDOMVE	WPNG	

SPEED: 114

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALVARADO ALFARO, ELIOENAI ZALATIEL**

Address: 705 S CASTLE CT, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 10/5/1989 **Gender:** Male **Race:** White

DL: FL-A416219893650

Alias:

Warrant:

Date of Offense: 12/20/2025 **Date of Arrest:**

Charging Document Date: 12/22/2025

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RUIZ, AMY **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMOODSE	NG	NONE

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ALVAREZ RAMIREZ, DEYVIS EUGENIO**

Address: 7906 W HIAWATHA ST, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 12/7/1991 **Gender:** Male **Race:** White

DL: FL-A625779217000

Alias:

Warrant:

Date of Offense: 04/04/2026 **Date of Arrest:** 04/04/2026

Charging Document Date: 4/6/2026

SOID: 01010551

In Custody: NO

Booking No: 2026-11285

Bond Out Date: 04/04/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GARCIA, YUDISLEYDIS

PD APP / UNAPP /WDRAW **PA** **APD** **RC** CROCKER , AUSTIN DAVID **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AK9YZEE	WPNG	

SPEED:

BAC LEVEL: 0.125

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AMBERT, JONATHAN EDWIN**

Address: 13808 LAZY OAK DR, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 10/21/1982 **Gender:** Male **Race:** Black

DL: FL-A223150408000

Alias: AMBERT, JONATHAN E

Warrant:

Date of Offense: 08/17/2025 **Date of Arrest:** 08/17/2025

Charging Document Date: 8/18/2025

SOID: 00605408

In Custody: YES

Booking No: 2025-28474

Bond Out Date: 08/17/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: FISHER BAIL BOND CORP.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WEED , DIRK ROBERT **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AKA034E	NG	

SPEED:

BAC LEVEL: 0.172

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

07-TR-272720, 25-TR-075986, 26-CF-012804-A

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AMBERT, JONATHAN EDWIN**

Address: 13808 LAZY OAK DR, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 10/21/1982 **Gender:** Male **Race:** Black

DL: FL-A223150408000

Alias: AMBERT, JONATHAN E

Warrant:

Date of Offense: 08/17/2025 **Date of Arrest:**

Charging Document Date: 8/18/2025

SOID: 00605408

In Custody: YES

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WEED , DIRK ROBERT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AM4JRHE	WPNG	

SPEED: 84

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

07-TR-272720, 25-CT-013123, 26-CF-012804-A

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AMBROSIO, CLAUDIO GRANADINO**

Address: 323 N JUPITER AVE, CLEARWATER, FL 33755

Interpreter: Y N **Language:**

DOB: 9/18/1998 **Gender:** Male **Race:** White

DL: FL-A240316924000

Alias:

Warrant:

Date of Offense: 08/24/2025 **Date of Arrest:** 08/24/2025

Charging Document Date: 8/25/2025

SOID: 01000267

In Custody: NO

Booking No: 2025-29340

Bond Out Date: 08/24/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: ORIENT ROAD BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** ROGOZINSKI , JASON **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ5YEE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ANDRE, BRENNAN MATTHEW**

Address: 5434 DEERBROOKE CREEK CIR 16, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 5/28/2005 **Gender:** Male **Race:** White

DL: FL-A246666560000

Alias: ANDRE, BRENNAN

Warrant:

Date of Offense: 04/25/2026 **Date of Arrest:** 04/25/2026

Charging Document Date: 4/26/2026

SOID: 01011546

In Custody: NO

Booking No: 2026-13864

Bond Out Date: 04/25/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: ANDRE, BRENNAN MATTHEW

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BOARDMAN , DAVID SCOTT **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316191(2)(A) - 571 RACING ON HWY - DRIVING MV	AN22NSE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-060663

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ANDRE, BRENNAN MATTHEW**

Address: 5434 DEERBROOKE CREEK CIR 16, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 5/28/2005 **Gender:** Male **Race:** White

DL: FL-A246666560000

Alias: ANDRE, BRENNAN

Warrant:

Date of Offense: 04/25/2026 **Date of Arrest:**

Charging Document Date: 4/26/2026

SOID: 01011546

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3162085(3) - 590 M/CYCLE-MOPED-TAG IMPROP AFFIX/CONCEAL/OBSCUR	AN22NTE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006501

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ANGELES JIMENEZ, CARMELO**

Address: 6720 W CLIFTON, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 5/14/1980 **Gender:** Male **Race:**

DL:

Alias:

Warrant:

Date of Offense: 07/31/2026 **Date of Arrest:**

Charging Document Date: 8/4/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANPF3YE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: ARCE, VICTOR M**

Address: 2642 YUKON CLIFF DR, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 7/29/1971 **Gender:** Male **Race:** White

DL: FL-A620873712690

Alias: ARCE, VICTOR MANUEL; ARCE, VICTOR MANUEL, SR

Warrant:

Date of Offense: 03/27/2026 **Date of Arrest:** 05/05/2026

Charging Document Date: 3/30/2026

SOID: 00962846

In Custody: NO

Booking No: 2026-15217

Bond Out Date: 05/08/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: IRVING, JAMIE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDAWAY , DEVAN LEXIS; FRANCHI , WILLIAM RICHARD **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS: DEFENDANT APPEARANCE REQUIRED

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AN8WIWE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AROCHO, ALEXANDRA BRYCE**

Address: 6954 CHURCHILL SQUARE, GROVELAND, FL 34736

Interpreter: Y N **Language:**

DOB: 3/12/2000 **Gender:** Female **Race:** White

DL: FL-A236308902000

Alias:

Warrant:

Date of Offense: 03/16/2026 **Date of Arrest:** 03/16/2026

Charging Document Date: 3/17/2026

SOID: 01009573

In Custody: NO

Booking No: 2026-8741

Bond Out Date: 03/16/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: AROCHO, ALEXANDRA BRYCE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6KHE	WPNG	

SPEED:

BAC LEVEL: 0.164

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AYRA NAPOLES, CELSO M**

Address: 4714 N HABANA AVE APT 1501, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 4/23/1968 **Gender:** Male **Race:** White

DL: FL-A651113681430

Alias:

Warrant:

Date of Offense: 06/13/2026 **Date of Arrest:**

Charging Document Date: 6/17/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	AMX3CYE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

21-TR-077310, 25-TR-115197, 26-CT-009973, 26-CT-010685, 26-TR-079188, 26-TR-091176

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AYRA NAPOLES, CELSO M**

Address: 4714 N HABANA AVE APT 1501, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 4/23/1968 **Gender:** Male **Race:** White

DL: FL-A651113681430

Alias:

Warrant:

Date of Offense: 06/29/2026 **Date of Arrest:**

Charging Document Date: 6/30/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANNNBNE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

21-TR-077310, 25-TR-115197, 26-CT-009067, 26-CT-010685, 26-TR-079188, 26-TR-091176

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
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- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AYRA NAPOLES, CELSO M**

Address: 4714 N HABANA AVE APT 1501, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 4/23/1968 **Gender:** Male **Race:** White

DL: FL-A651113681430

Alias:

Warrant:

Date of Offense: 07/12/2026 **Date of Arrest:**

Charging Document Date: 7/13/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA** RODRIGUEZ , ANTONIO FELIX

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	ANURVIE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

21-TR-077310, 25-TR-115197, 26-CT-009067, 26-CT-009973, 26-TR-079188, 26-TR-091176

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AYRA NAPOLES, CELSO M**

Address: 4714 N HABANA AVE APT 1501, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 4/23/1968 **Gender:** Male **Race:** White

DL: FL-A651113681430

Alias:

Warrant:

Date of Offense: 06/13/2026 **Date of Arrest:**

Charging Document Date: 6/17/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 532 FAIL TO OBEY TRAF CONTR DEV (SIGN)	AMX3CZE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

21-TR-077310, 25-TR-115197, 26-CT-009067, 26-CT-009973, 26-CT-010685, 26-TR-091176

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: AYRA NAPOLES, CELSO M**

Address: 4714 N HABANA AVE APT 1501, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 4/23/1968 **Gender:** Male **Race:** White

DL: FL-A651113681430

Alias:

Warrant:

Date of Offense: 07/12/2026 **Date of Arrest:**

Charging Document Date: 7/13/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32007(3)(A) - 473 OPER MV/MOBL HOM W/EXP REG < 6 MO	ANURVHE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

21-TR-077310, 25-TR-115197, 26-CT-009067, 26-CT-009973, 26-CT-010685, 26-TR-079188

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GAINES, MICHAEL KEITH**

Address: 12451 GINGER ST #102, TAMPA, FL 33637

Interpreter: Y N **Language:**

DOB: 6/18/1997 **Gender:** Male **Race:** Black

DL: FL-G603293099000

Alias: GAINES, MICHAEL KEITH

Warrant:

Date of Offense: 03/30/2026 **Date of Arrest:** 03/30/2026

Charging Document Date: 3/31/2026

SOID: 00939648

In Custody: NO

Booking No: 2026-10580

Bond Out Date: 03/30/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: COLLS-TEGG, EMILY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMZ3R8E	WPNG	

SPEED:

BAC LEVEL: 0.131

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GAMBA, ALEXANDER JOHN**

Address: 12808 COVERDALE DR, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 7/18/2003 **Gender:** Male **Race:** White

DL: FL-G510010032580

Alias:

Warrant:

Date of Offense: 04/10/2026 **Date of Arrest:** 04/10/2026

Charging Document Date: 4/11/2026

SOID: 01010801

In Custody: NO

Booking No: 2026-11936

Bond Out Date: 04/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: ORIENT ROAD BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HERSEM , CHRISTOPHER THOMAS **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AIAVBDE	WPNG	

SPEED:

BAC LEVEL: 0.090

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-053870

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GAMBA, ALEXANDER JOHN**

Address: 12808 COVERDALE DR, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 7/18/2003 **Gender:** Male **Race:** White

DL: FL-G510010032580

Alias:

Warrant:

Date of Offense: 04/10/2026 **Date of Arrest:**

Charging Document Date: 4/12/2026

SOID: 01010801

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HERSEM , CHRISTOPHER THOMAS **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316217(1)A - 436 VEHICLE W/O LIGHTS AT NIGHT	AN8WYLE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005670

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GANANCIAL, JUN REY**

Address: 11748 WINTERSET COVE DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 12/23/1977 **Gender:** Male **Race:** Asian

DL: FL-G552420774630

Alias: GANANCIAL, JUN REY I

Warrant:

Date of Offense: 04/06/2026 **Date of Arrest:** 04/06/2026

Charging Document Date: 4/7/2026

SOID: 01010612

In Custody: NO

Booking No: 2026-11440

Bond Out Date: 04/06/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GANACIAL, EMIE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMORA3E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005419, 26-TR-051609, 26-TR-051611

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GANANCIAL, JUN REY**

Address: 11748 WINTERSET COVE DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 12/23/1977 **Gender:** Male **Race:** Asian

DL: FL-G552420774630

Alias: GANANCIAL, JUN REY I

Warrant:

Date of Offense: 04/06/2026 **Date of Arrest:** 04/06/2026

Charging Document Date: 4/7/2026

SOID: 01010612

In Custody: NO

Booking No: 2026-11440

Bond Out Date: 04/06/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: GANACIAL, EMIE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN8WUEE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005418, 26-TR-051609, 26-TR-051611

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GANANCIAL, JUN REY**

Address: 11748 WINTERSET COVE DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 12/23/1977 **Gender:** Male **Race:** Asian

DL: FL-G552420774630

Alias: GANANCIAL, JUN REY I

Warrant:

Date of Offense: 04/06/2026 **Date of Arrest:**

Charging Document Date: 4/7/2026

SOID: 01010612

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316189(2)(A) - 575 SPEED POST CTY RD RES/BUS (REQ SPEED)	AN8WUDE	WPNG	

SPEED: 66

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005418, 26-CT-005419, 26-TR-051611

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GANANCIAL, JUN REY**

Address: 11748 WINTERSET COVE DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 12/23/1977 **Gender:** Male **Race:** Asian

DL: FL-G552420774630

Alias: GANANCIAL, JUN REY I

Warrant:

Date of Offense: 04/06/2026 **Date of Arrest:**

Charging Document Date: 4/7/2026

SOID: 01010612

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316075(1)C1 - 545 FAIL TO STOP AT STEADY RED SIG	AN8WUCE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005418, 26-CT-005419, 26-TR-051609

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GARCIA, ELIAZAR**

Address: 505 THIRD ST E, ZOLFO SPRINGS, FL 33890

Interpreter: Y N **Language:**

DOB: 7/1/1988 **Gender:** Male **Race:** White

DL: FL-G620200882410

Alias: GARCIA, ELIAZAR

Warrant:

Date of Offense: 02/28/2026 **Date of Arrest:** 02/28/2026

Charging Document Date: 3/1/2026

SOID: 00619623

In Custody: NO

Booking No: 2026-6831

Bond Out Date: 03/01/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: A COCHRAN/COOPER BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMUUQ1E	WPNG	

SPEED:

BAC LEVEL: 0.154

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GARDUNO, RODOLFO**

Address: 13803 AZALEA CIR, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 2/8/1978 **Gender:** Male **Race:**

DL:

Alias: GARDUNO, RODOLFO A

Warrant:

Date of Offense: 03/09/2026 **Date of Arrest:**

Charging Document Date: 3/11/2026

SOID: 00671528

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MADDUX , MICHAEL P **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: MCCRAY, BIANCA NICHE **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMUGU4E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GASKINS J, JIMMY LEE**

Address: 13270 JETER CREEK DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 5/4/1990 **Gender:** Male **Race:** Black

DL: GA-OOS

Alias: GASKINS, JIMMY LEE, JR

Warrant:

Date of Offense: 06/13/2026 **Date of Arrest:** 06/13/2026

Charging Document Date: 6/14/2026

SOID: 01013960, 1013960

In Custody: NO

Booking No: 2026-20317

Bond Out Date: 06/13/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: GASKINS, SHIKEMA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 2ND OFF - FINE	ANBOCLE	WPNG	

SPEED:

BAC LEVEL: 0.174

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GENT, TIANNA JOYLISA**

Address: 241 W QUEENCUP CT, BEVERLY HILLS, FL 34465

Interpreter: Y N **Language:**

DOB: 5/4/2007 **Gender:** Female **Race:** Black

DL: FL-G530810076640

Alias: GENT, TIANNA; GENT, TIANNA J

Warrant:

Date of Offense: 11/02/2025 **Date of Arrest:** 11/02/2025, 04/13/2026

Charging Document Date: 1/30/2025

SOID: 01003658, J0097900

In Custody: NO

Booking No: 2025-38121, 2026-12400

Bond Out Date: 04/14/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AK9YUFE	NG	NONE

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GILL, BROOKELYNN ROSE**

Address: 5236 LEGENDARY LOOP APT 418, WESLEY CHAPEL, FL 33544

Interpreter: Y N **Language:**

DOB: 10/3/2002 **Gender:** Female **Race:** White

DL: CA-Y5266855

Alias:

Warrant:

Date of Offense: 05/18/2026 **Date of Arrest:** 05/18/2026

Charging Document Date: 5/20/2026

SOID: 01012762

In Custody: NO

Booking No: 2026-16987

Bond Out Date: 05/19/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: HILLSBOROUGH COUNTY BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQUZGE	WPNG	

SPEED:

BAC LEVEL: 0.182

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GILLESPIE, GARRETT LEE**

Address: 16907 ROLLING ROCK DR, TAMPA, FL 33618

Interpreter: Y N **Language:**

DOB: 12/27/1999 **Gender:** Male **Race:** White

DL: FL-G237660690000

Alias:

Warrant:

Date of Offense: 06/02/2026 **Date of Arrest:** 06/02/2026

Charging Document Date: 6/4/2026

SOID: 00903376

In Custody: NO

Booking No: 2026-18900

Bond Out Date: 06/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: EATON, HAVEN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBO8DE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008329

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GILLESPIE, GARRETT LEE**

Address: 16907 ROLLING ROCK DR, TAMPA, FL 33618

Interpreter: Y N **Language:**

DOB: 12/27/1999 **Gender:** Male **Race:** White

DL: FL-G237660690000

Alias:

Warrant:

Date of Offense: 06/02/2026 **Date of Arrest:** 06/02/2026

Charging Document Date: 6/3/2026

SOID: 00903376

In Custody: NO

Booking No: 2026-18900

Bond Out Date: 06/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: EATON, HAVEN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANNLNQE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008328

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GIRON, JUAN CAMILO**

Address: 1109 GREENTREE CT, TALLAHASSEE, FL 32304

Interpreter: Y N **Language:**

DOB: 10/16/2006 **Gender:** Male **Race:** White

DL: FL-G650423624170

Alias:

Warrant:

Date of Offense: 04/06/2026 **Date of Arrest:** 04/06/2026

Charging Document Date: 4/6/2026

SOID: 01010608

In Custody: NO

Booking No: 2026-11436

Bond Out Date: 04/06/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GIRON, LAURA SOFIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316191(2) - 571 UNLAWFUL RACING ON HIGHWAY	ALSP1FE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GOMEZ GOMEZ, ANTONIO**

Address: 1517 E 140TH AVE, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 5/7/1997 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 08/15/2026 **Date of Arrest:**

Charging Document Date: 8/17/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** CHANGE OF PLEA

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AO1147E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

DISPOSITION 11/3/2026 1:30:00 PM

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GOMEZ, SARAH RENEE**

Address: 160 16TH ST N APT 604, ST PETERSBURG, FL 33705

Interpreter: Y N **Language:**

DOB: 9/21/1996 **Gender:** Female **Race:** White

DL: FL-G520796968410

Alias:

Warrant:

Date of Offense: 04/04/2026 **Date of Arrest:** 04/04/2026

Charging Document Date: 4/5/2026

SOID: 01010540

In Custody: NO

Booking No: 2026-11247

Bond Out Date: 04/04/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: ILDEFONSO, JOSE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMZ3UAE	WPNG	

SPEED:

BAC LEVEL: 0.205

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-052026

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GOMEZ, SARAH RENEE**

Address: 160 16TH ST N APT 604, ST PETERSBURG, FL 33705

Interpreter: Y N **Language:**

DOB: 9/21/1996 **Gender:** Female **Race:** White

DL: FL-G520796968410

Alias:

Warrant:

Date of Offense: 04/04/2026 **Date of Arrest:**

Charging Document Date: 4/5/2026

SOID: 01010540

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(1) - 609 DWLS WITHOUT KNOWLEDGE	AN8W59E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005364

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **GONZALEZ MIRANDA, MICHAEL**

Address: 17344 FOUNTAINSIDE LOOP #4303, LUTZ, FL 33558

Interpreter: **Y** **N** **Language:**

DOB: 8/2/1996 **Gender:** Male **Race:** White

DL: FL-G230016458000

Alias:

Warrant:

Date of Offense: 07/11/2026 **Date of Arrest:** 07/11/2026

Charging Document Date: 7/12/2026

SOID: 01015329, 1015329

In Custody: NO

Booking No: 2026-24020

Bond Out Date: 07/11/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: GONZALEZ, MIGUEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS:

ISSUING AGENCY: TTPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS: TO HIRE ATTORNEY

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AKAHM8E	NG	

SPEED:

BAC LEVEL: 0.203

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, CARLOS DAVID**

Address: 15338 E POND WOODS DR, TAMPA, FL 33618
Interpreter: Y N **Language:**
DOB: 10/18/1987 **Gender:** Male **Race:** White
DL: FL-G243455068000
Alias: GONZALEZ, CARLOS DAVID

Warrant:
Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026
Charging Document Date: 7/6/2026
SOID: 01015018
In Custody: NO
Booking No: 2026-23236

Bond Out Date: 07/05/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: PATSYS BAIL BONDS, LLC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MAY , JAMES ANTHONY **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANPZL5E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010219, 26-TR-088857, 26-TR-113876

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, CARLOS DAVID**

Address: 15338 E POND WOODS DR, TAMPA, FL 33618
Interpreter: Y N **Language:**
DOB: 10/18/1987 **Gender:** Male **Race:** White
DL: FL-G243455068000
Alias: GONZALEZ, CARLOS DAVID, JR

Warrant:
Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026
Charging Document Date: 7/6/2026
SOID: 01015018
In Custody: NO
Booking No: 2026-23236

Bond Out Date: 07/05/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $150.00
Bond Company: PATSYS BAIL BONDS, LLC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MAY , JAMES ANTHONY **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANNMXTE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-010218, 26-TR-088857, 26-TR-113876

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, CARLOS DAVID**

Address: 15338 E POND WOODS DR, TAMPA, FL 33618

Interpreter: Y N **Language:**

DOB: 10/18/1987 **Gender:** Male **Race:** White

DL: FL-G243455068000

Alias: GONZALEZ, CARLOS DAVID, JR

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 01015018

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MAY , JAMES ANTHONY **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2)(B) - 575 SPEED/65 HWY/TURNPIKE (REQ SPEED)	ANUR9KE	NG	

SPEED: 68

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010218, 26-CT-010219, 26-TR-113876

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
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- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
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- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, JIMMY ANGEL**

Address: 8242 RAVENCROFT DR, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 2/10/1981 **Gender:** Male **Race:** White

DL: FL-G409951990000

Alias:

Warrant:

Date of Offense: 03/20/2026 **Date of Arrest:** 03/20/2026

Charging Document Date: 3/21/2026

SOID: 00610626

In Custody: YES

Booking No: 2026-9349

Bond Out Date: 03/21/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: ANNIE BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRINA , COLTON TYLER; KELLEMS , ROBERT **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AK9Z1NE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004583, 26-TR-117121

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
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  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, JIMMY ANGEL**

Address: 8242 RAVENCROFT DR, TAMPA, FL 33615
Interpreter: Y N **Language:**
DOB: 2/10/1981 **Gender:** Male **Race:** White
DL: FL-G409951990000
Alias:

Warrant:
Date of Offense: 03/20/2026 **Date of Arrest:** 03/20/2026
Charging Document Date: 3/20/2026
SOID: 00610626
In Custody: YES
Booking No: 2026-9349

Bond Out Date: 03/21/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: ANNIE BAIL BONDS, LLC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** KELLEMS , ROBERT **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AMX3L7E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-004581, 26-TR-117121

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, MARCELA ISABEL**

Address: 12419 BRICK COBBLESTONE DR, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 8/26/1981 **Gender:** Female **Race:** White

DL: FL-G524549818060

Alias: GONZALEZ, MARCELA I

Warrant:

Date of Offense: 04/03/2026 **Date of Arrest:** 04/03/2026

Charging Document Date: 4/4/2026

SOID: 00487990

In Custody: NO

Booking No: 2026-11127

Bond Out Date: 04/03/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: FUSSELL BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TAYLOR , TIMOTHY ROY **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(2)B2 - 647 DUI ALCOHOL OR DRUGS 3RD VIOL MORE THAN 10 YEARS	AK9ZZQE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005333, 26-TR-051316, 26-TR-072300

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, MARCELA ISABEL**

Address: 12419 BRICK COBBLESTONE DR, RIVERVIEW, FL 33579
Interpreter: Y N **Language:**
DOB: 8/26/1981 **Gender:** Female **Race:** White
DL: FL-G524549818060
Alias: GONZALEZ, MARCELA I

Warrant:
Date of Offense: 04/03/2026 **Date of Arrest:** 04/03/2026
Charging Document Date: 4/4/2026
SOID: 00487990
In Custody: NO
Booking No: 2026-11127

Bond Out Date: 04/03/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: FUSSELL BAIL BONDS, INC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TAYLOR , TIMOTHY ROY **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1)E - 646 REFUSE TO SUBMIT TO BAL TEST	AK9ZZRE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-005332, 26-TR-051316, 26-TR-072300

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GONZALEZ, MARCELA ISABEL**

Address: 12419 BRICK COBBLESTONE DR, RIVERVIEW, FL 33579
Interpreter: Y N **Language:**
DOB: 8/26/1981 **Gender:** Female **Race:** White
DL: FL-G524549818060
Alias: GONZALEZ, MARCELA I

Warrant:
Date of Offense: 04/03/2026 **Date of Arrest:**
Charging Document Date: 4/13/2026
SOID: 00487990
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TAYLOR , TIMOTHY ROY **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161936(2)(A) - 424 POSS OF OPEN CONT IN MV - DRVR	AK9ZZSE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005332, 26-CT-005333, 26-TR-072300

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GOTTUS, ANTHONY JAMES**

Address: 6508 S ENGLEWOOD AVE, TAMPA, FL 33611

Interpreter: Y N **Language:**

DOB: 6/10/2004 **Gender:** Male **Race:** White

DL: FL-G242419286000

Alias:

Warrant:

Date of Offense: 07/22/2026 **Date of Arrest:**

Charging Document Date: 7/24/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANPEH4E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRABOWSKI, LEE**

Address: 6527 QUIET POOL CT, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** White

DL: FL-G208109506000

Alias: GRABOWSKI, LEE WESLEY

Warrant:

Date of Offense: 03/13/2025 **Date of Arrest:** 03/13/2025, 03/31/2026

Charging Document Date: 3/14/2025

SOID: 00899213

In Custody: NO

Booking No: 2025-8239, 2026-10758

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE; DEFENDER, PUBLIC **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: VIOLATION OF PROBATION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AKA00SE	NOCO	ADJG

SPEED:

BAC LEVEL: 0.000

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-011773, 25-CT-011774, 25-CT-011775

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRABOWSKI, LEE WESLEY**

Address: 6527 QUIET POOL CT, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** White

DL: FL-G208109506000

Alias: GRABOWSKI, LEE

Warrant:

Date of Offense: 07/25/2025 **Date of Arrest:** 07/25/2025, 04/01/2026

Charging Document Date: 7/25/2025

SOID: 00899213

In Custody: NO

Booking No: 2025-25531

Bond Out Date: 07/26/2025, 04/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00; $500.00

Bond Company: HONEY'S BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE; DEFENDER, PUBLIC **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: SENTENCING AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ALSOB2E	NOCO	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-004080, 25-CT-011774, 25-CT-011775

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRABOWSKI, LEE WESLEY**

Address: 6527 QUIET POOL CT, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** White

DL: FL-G208109506000

Alias: GRABOWSKI, LEE

Warrant:

Date of Offense: 07/25/2025 **Date of Arrest:** 07/25/2025, 04/01/2026

Charging Document Date: 7/26/2025

SOID: 00899213

In Custody: NO

Booking No: 2025-25531

Bond Out Date: 07/23/2025, 04/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00; $500.00

Bond Company: HONEY'S BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE; DEFENDER, PUBLIC **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: SENTENCING AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A95OO8E	NOCO	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-004080, 25-CT-011773, 25-CT-011775

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRABOWSKI, LEE WESLEY**

Address: 6527 QUIET POOL CT, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** White

DL: FL-G208109506000

Alias: GRABOWSKI, LEE

Warrant:

Date of Offense: 07/25/2025 **Date of Arrest:** 07/25/2025, 04/01/2026

Charging Document Date: 7/26/2025

SOID: 00899213

In Custody: NO

Booking No: 2025-25531

Bond Out Date: 07/26/2025, 04/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00; $500.00

Bond Company: HONEY'S BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE; DEFENDER, PUBLIC **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: SENTENCING AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	ALSONDE	NOCO	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-004080, 25-CT-011773, 25-CT-011774

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRAHAM, LARRY RASHAD**

Address: 8409 ANGLERS POINTE DR, TEMPLE TERRACE, FL 33637
Interpreter: Y N **Language:**
DOB: 11/12/1986 **Gender:** Male **Race:** Black
DL: FL-G242942626000
Alias: GRAHAM, LARRY

Warrant:
Date of Offense: 06/13/2026 **Date of Arrest:** 06/13/2026
Charging Document Date: 6/14/2026
SOID: 01013954, 1013954
In Custody: NO
Booking No: 2026-20320

Bond Out Date: 06/13/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: GRAHAM, LARRY RASHAD

PD APP / UNAPP /WDRAW **PA** **APD** **RC** COURTNEY , PATRICK BOWLER **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** USF

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A33A5BE	WPNG	

SPEED:

BAC LEVEL: 0.150

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-078954

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRAHAM, LARRY RASHAD**

Address: 8409 ANGLERS POINTE DR, TEMPLE TERRACE, FL 33637
Interpreter: Y N **Language:**
DOB: 11/12/1986 **Gender:** Male **Race:** Black
DL: FL-G242942626000
Alias: GRAHAM, LARRY

Warrant:
Date of Offense: 06/13/2026 **Date of Arrest:**
Charging Document Date: 6/17/2026
SOID: 01013954, 1013954
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** COURTNEY , PATRICK BOWLER **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** USF

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316217(1)A - 436 VEHICLE W/O LIGHTS AT NIGHT	AN1HF2E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-008783

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRANDE BASILIO, ARMANDO**

Address: 121 ELDERBERRY LN, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 8/2/1986 **Gender:** Male **Race:** White

DL: FL-G653000862820

Alias:

Warrant:

Date of Offense: 09/22/2025 **Date of Arrest:** 09/22/2025

Charging Document Date: 9/24/2025

SOID: 00892944

In Custody: NO

Booking No: 2025-33116

Bond Out Date: 09/23/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: SUNSTATE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SANTIAGO , ROLANDO JOSE **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AAZ7EFE	WPNG	

SPEED:

BAC LEVEL: 0.258

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015274

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GRANDE BASILIO, ARMANDO**

Address: 121 ELDERBERRY LN, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 8/2/1986 **Gender:** Male **Race:** White

DL: FL-G653000862820

Alias:

Warrant:

Date of Offense: 09/22/2025 **Date of Arrest:** 09/22/2025

Charging Document Date: 9/23/2025

SOID: 00892944

In Custody: NO

Booking No: 2025-33116

Bond Out Date: 09/23/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: SUNSTATE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SANTIAGO , ROLANDO JOSE **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AKYPG9E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015273

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GREEN, HASANI JABARI**

Address: 15420 LIVINGSTON AVE APT 1519, LUTZ, FL 33559
Interpreter: Y N **Language:**
DOB: 5/18/1984 **Gender:** Male **Race:** Black
DL: FL-G202062767000
Alias: GREEN, HASANI J

Warrant:
Date of Offense: 04/19/2026 **Date of Arrest:** 04/19/2026
Charging Document Date: 4/20/2026
SOID: 01011268
In Custody: NO
Booking No: 2026-13124

Bond Out Date: 04/19/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: GREEN, HASANI JABARI

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRIEDLANDER , DANA ALLYN **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** USF

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	A33A5XE	WPNG	

SPEED:

BAC LEVEL: 0.191

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-057665, 26-TR-106356

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GREEN, HASANI JABARI**

Address: 15420 LIVINGSTON AVE APT 1519, LUTZ, FL 33559
Interpreter: Y N **Language:**
DOB: 5/18/1984 **Gender:** Male **Race:** Black
DL: FL-G202062767000
Alias: GREEN, HASANI J

Warrant:
Date of Offense: 04/19/2026 **Date of Arrest:**
Charging Document Date: 4/20/2026
SOID: 01011268
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRIEDLANDER , DANA ALLYN **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** USF

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316610(1) - 129 DRIVING VEH IN UNSAFE CONDITION	AMUF4LE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-006136, 26-TR-106356

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GROOM, GARY ALAN**

Address: 8625 MILES RD, ODESSA, FL 33556
Interpreter: Y N **Language:**
DOB: 1/3/1956 **Gender:** Male **Race:** White
DL: FL-G650281560030
Alias: GROOM, GARY; GROOM, GARY ALAN

Warrant:
Date of Offense: 06/11/2026 **Date of Arrest:** 06/11/2026
Charging Document Date: 6/13/2026
SOID: 00184990
In Custody: NO
Booking No: 2026-20189

Bond Out Date: 06/16/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $1,000.00
Bond Company: FISHER BAIL BOND CORP.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DAVIS , JOSEPH MICHAEL **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	AJBKZSE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-008717, 26-TR-078395

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GROOM, GARY ALAN**

Address: 8625 MILES RD, ODESSA, FL 33556
Interpreter: Y N **Language:**
DOB: 1/3/1956 **Gender:** Male **Race:** White
DL: FL-G650281560030
Alias: GROOM, GARY; GROOM, GARY ALAN

Warrant:
Date of Offense: 06/12/2026 **Date of Arrest:** 06/12/2026
Charging Document Date: 6/13/2026
SOID: 00184990
In Custody: NO
Booking No: 2026-20189

Bond Out Date: 06/16/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: FISHER BAIL BOND CORP.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DAVIS , JOSEPH MICHAEL **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1)E - 646 REFUSE TO SUBMIT TO BAL TEST	ANNLCWE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-008716, 26-TR-078395

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GROOM, GARY ALAN**

Address: 8625 MILES RD, ODESSA, FL 33556

Interpreter: Y N **Language:**

DOB: 1/3/1956 **Gender:** Male **Race:** White

DL: FL-G650281560030

Alias: GROOM, GARY; GROOM, GARY ALAN

Warrant:

Date of Offense: 06/11/2026 **Date of Arrest:**

Charging Document Date: 6/16/2026

SOID: 00184990

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DAVIS , JOSEPH MICHAEL **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316646(1) - 280 OPER NONCMV NOT PROPERLY INSURED/PROOF OF INS REQ	ANNM8WE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008716, 26-CT-008717

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GROVES, CHRISTOPHER S**

Address: 11732 IVY FLOWER LP, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 8/25/1991 **Gender:** Male **Race:** Black

DL: FL-G612117913050

Alias:

Warrant:

Date of Offense: 08/17/2025 **Date of Arrest:** 07/27/2026

Charging Document Date: 8/19/2025

SOID: 01016123

In Custody: NO

Booking No: 2026-26118

Bond Out Date: 07/27/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: GROVES, CHRISTOPHER S

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ALSQD4E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUAN, ZIAN**

Address: 2180 SWEETBROOM CIR BLDG 6 APT 103, LUTZ, FL 33559
Interpreter: Y N **Language:**
DOB: 9/27/2000 **Gender:** Female **Race:** Asian
DL: FL-G241877816000
Alias:

Warrant:
Date of Offense: 02/27/2026 **Date of Arrest:** 02/27/2026
Charging Document Date: 2/28/2026
SOID: 01008709
In Custody: NO
Booking No: 2026-6661

Bond Out Date: 02/27/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: GUAN, ZIAN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6I9E	WPNG	

SPEED:

BAC LEVEL: 0.202

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUERRIER, SHANE JOSEPH**

Address: 3025 LILLA TRIAL, ODESSA, FL 33556
Interpreter: Y N **Language:**
DOB: 7/9/1974 **Gender:** Male **Race:** White
DL: FL-G660790742490
Alias:

Warrant:
Date of Offense: 12/17/2025 **Date of Arrest:** 12/17/2025
Charging Document Date: 12/18/2025
SOID: 01005555
In Custody: NO
Booking No: 2025-43257

Bond Out Date: 12/17/2025 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: GUERRIER, SHANE JOSEPH

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(2)A - 647 DUI ALCOH/DRUGS - 2ND OFF - FINE	AMIXIGE	WPNG	

SPEED:

BAC LEVEL: 0.135

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
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- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUILLOT, LINDA SUE**

Address: 12005 TUSCANY BAY DR APT 104, TAMPA, FL 33626

Interpreter: Y N **Language:**

DOB: 10/16/1965 **Gender:** Female **Race:** White

DL: FL-G430537658760

Alias: GUILLOT, LINDA S

Warrant:

Date of Offense: 02/22/2026 **Date of Arrest:**

Charging Document Date: 2/23/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	AMX2I3E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-067721, 25-TR-110431, 26-TR-002167, 26-TR-019509, 26-TR-033763, 26-TR-072070

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUILLOT, LINDA SUE**

Address: 12005 TUSCANY BAY DR APT 104, TAMPA, FL 33626

Interpreter: Y N **Language:**

DOB: 10/16/1965 **Gender:** Female **Race:** White

DL: FL-G430537658760

Alias: GUILLOT, LINDA S

Warrant:

Date of Offense: 02/22/2026 **Date of Arrest:**

Charging Document Date: 2/23/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32007(3)(A) - 473 OPER MV/MOBL HOM W/EXP REG < 6 MO	AMX2I2E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-067721, 25-TR-110431, 26-CT-003107, 26-TR-002167, 26-TR-019509, 26-TR-072070

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUTIERREZ PALMA, NELSON FRANCISCO**

Address: 11718 N 14TH ST APT J, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 8/5/1979 **Gender:** Male **Race:** White

DL: FL-G627404557000

Alias:

Warrant:

Date of Offense: 05/18/2026 **Date of Arrest:**

Charging Document Date: 5/19/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 318 LV SCENE W/O GIVING INFO $50 OR LESS	AM4LWQE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUTIERREZ, ANKOR**

Address: 4325 W. BAY TO BAY BLVD., APT B, TAMPA, FL 33629-6600

Interpreter: Y N **Language:**

DOB: 4/4/1978 **Gender:** Male **Race:** Hispanic

DL: FL-G245560028000

Alias:

Warrant:

Date of Offense: 08/23/2025 **Date of Arrest:** 08/23/2025

Charging Document Date: 8/25/2025

SOID: 00925580

In Custody: NO

Booking No: 2025-29308

Bond Out Date: 09/18/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $2,500.00

Bond Company: A-1 RAPID RELEASE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RICKMAN , ANTHONY BIAGIO **ACA** **ASA** HAAS , JEREMY DAVID

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	A77L6WE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-088738

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: GUTIERREZ, ANKOR**

Address: 4325 W. BAY TO BAY BLVD., APT B, TAMPA, FL 33629-6600
Interpreter: Y N **Language:**
DOB: 4/4/1978 **Gender:** Male **Race:** Hispanic
DL: FL-G245560028000
Alias:

Warrant:
Date of Offense: 08/23/2025 **Date of Arrest:**
Charging Document Date: 9/2/2025
SOID: 00925580
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RICKMAN , ANTHONY BIAGIO **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161925(1) - 455 CARELESS DRIVING	ALN8KXE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
25-CT-013525

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: MELGAREJO SERRANO, CHRISTIAN MIGUEL**

Address: 1250 E 113TH AVE APT 204, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 9/11/1989 **Gender:** Male **Race:** White

DL: FL-S642336929000

Alias: SERRANO MELGAREJO, CRISTIAN MIGUEL

Warrant:

Date of Offense: 05/30/2026 **Date of Arrest:** 05/30/2026

Charging Document Date: 5/31/2026

SOID: 01013313, 1013313

In Custody: NO

Booking No: 2026-18532

Bond Out Date: 05/31/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: MARTINEZ PEREZ, HUMBERTO

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS: NAME VARIATION - ALSO HAS CASE 26CT8227 UNDER NAME SERRANO MELGAREJO

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN90XJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

DISPOSITION 11/3/2026 1:30:00 PM

PENDING CASES:

26-CT-008227

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SAFARKOUHPAYEH, SHERVIN**

Address: 4110 SKIPPER RD APT 201, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 3/24/2008 **Gender:** Male **Race:** White

DL: FL-S633036211000

Alias: SARFARKOUHPAYEH, SHERVIN

Warrant:

Date of Offense: 05/26/2026 **Date of Arrest:**

Charging Document Date: 5/27/2026

SOID: 01004785, J0095919

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMX0V1E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SALAS, EBECK JUNIOR**

Address: 12914 SANCTUARY COVE DR 203, TEMPLE TER, FL 33637

Interpreter: Y N **Language:**

DOB: 9/2/1991 **Gender:** Male **Race:** White

DL: FL-S420210913220

Alias:

Warrant:

Date of Offense: 11/10/2025 **Date of Arrest:**

Charging Document Date: 11/11/2025

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619222A - 668 OPERATE VEHICLE EXCEED SPEED LIMIT 50+ MPH	AMDNYUE	WPNG	

SPEED: 103

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SALGADO MARTINEZ, DELMER EDUARDO**

Address: 3868 CALIANDRA DR, SARASOTA, FL 34232

Interpreter: Y N **Language:**

DOB: 11/22/1977 **Gender:** Male **Race:** White

DL: FL-S423160774220

Alias:

Warrant:

Date of Offense: 03/06/2026 **Date of Arrest:**

Charging Document Date: 3/9/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMDNFLE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANCHEZ MANUELES, LUIS JOEL**

Address: 4920 TRENTON ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/6/1992 **Gender:** Male **Race:** White

DL: FF-NDL

Alias:

Warrant:

Date of Offense: 03/31/2026 **Date of Arrest:**

Charging Document Date: 4/1/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** ALVAREZ , ANDREW JOSEPH **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN8WPKE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-050410

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANCHEZ MANUELES, LUIS JOEL**

Address: 4920 TRENTON ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/6/1992 **Gender:** Male **Race:** White

DL: FF-NDL

Alias:

Warrant:

Date of Offense: 03/31/2026 **Date of Arrest:**

Charging Document Date: 4/1/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** ALVAREZ , ANDREW JOSEPH **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3162952(2)(B) - 190 IMPROP SUNSCREEN - TOP OF WINDSHIELD	AN8WPJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005223

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANCHEZ, LIODEY JOSE**

Address: 5232 N SAINT VINCENT ST, TAMPA, FL 33609

Interpreter: Y N **Language:**

DOB: 5/23/1995 **Gender:** Male **Race:** White

DL: FL-S229118250000

Alias: SANCHEZ, LIODEY J

Warrant:

Date of Offense: 12/14/2025 **Date of Arrest:**

Charging Document Date: 12/15/2025

SOID: 01005430

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316075(1)C1 - 545 FAIL TO STOP AT STEADY RED SIG	AMEKUTE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CM-000472-A, 26-CT-000772, 26-CT-000773, 26-TR-115272

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANCHEZ, LIODEY JOSE**

Address: 5232 N SAINT VINCENT ST, TAMPA, FL 33609

Interpreter: **Y** **N** **Language:**

DOB: 5/23/1995 **Gender:** Male **Race:** White

DL: FL-S229118250000

Alias: SANCHEZ, LIODEY J

Warrant:

Date of Offense: 12/14/2025 **Date of Arrest:** 12/14/2025

Charging Document Date: 12/15/2025

SOID: 01005430

In Custody: NO

Booking No: 2025-42963

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HOWARD , JANET DENISE **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** W/ CM

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AMEKUUE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-122937, 26-CM-000472-A, 26-CT-000773, 26-TR-115272

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANCHEZ, LIODEY JOSE**

Address: 5232 N SAINT VINCENT ST, TAMPA, FL 33609

Interpreter: **Y** **N** **Language:**

DOB: 5/23/1995 **Gender:** Male **Race:** White

DL: FL-S229118250000

Alias: SANCHEZ, LIODEY J

Warrant:

Date of Offense: 12/14/2025 **Date of Arrest:** 12/14/2025

Charging Document Date: 12/15/2025

SOID: 01005430

In Custody: NO

Booking No: 2025-42963

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HOWARD , JANET DENISE **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** DIS

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ692E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-122937, 26-CM-000472-A, 26-CT-000772, 26-TR-115272

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANDERS, ANDREA NICOLE**

Address: 6161 MEMORIAL HWY APT 107, TAMPA, FL 33615

Interpreter: **Y** **N** **Language:**

DOB: 4/28/1997 **Gender:** Female **Race:** Black

DL: FL-S233405738000

Alias: SANDERS, ANDREA

Warrant:

Date of Offense: 06/21/2026 **Date of Arrest:** 06/21/2026

Charging Document Date: 6/21/2026

SOID: 00963530

In Custody: NO

Booking No: 2026-21421

Bond Out Date: 06/21/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: EDDIE, TYTIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FACKIH , SHADI NADER **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANNN9CE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANDERS, CEDRICK DOMEKE**

Address: 10211 CASA PALARMO DR APT 7, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/18/1996 **Gender:** Male **Race:** Black

DL: FL-S230697378000

Alias: SANDERS, CEDRICK; SANDERS, CEDRICK D

Warrant:

Date of Offense: 07/13/2026 **Date of Arrest:**

Charging Document Date: 7/14/2026

SOID: 00890505

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS: TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	ANURDIE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANDERS, DIAMOND WILLIAM**

Address: 754 BALLANCE FARM RD, SAINT PAULS, NC 28384

Interpreter: Y N **Language:**

DOB: 3/19/1992 **Gender:** Male **Race:** Black

DL: NC-000032051192

Alias:

Warrant:

Date of Offense: 04/03/2026 **Date of Arrest:** 04/03/2026

Charging Document Date: 4/3/2026

SOID: 01010476

In Custody: NO

Booking No: 2026-11095

Bond Out Date: 04/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: SANDERS, JOCELYN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6MJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005323, 26-TR-051264, 26-TR-051265

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANDERS, DIAMOND WILLIAM**

Address: 754 BALLANCE FARM RD, SAINT PAULS, NC 28384

Interpreter: **Y** **N** **Language:**

DOB: 3/19/1992 **Gender:** Male **Race:** Black

DL: NC-000032051192

Alias:

Warrant:

Date of Offense: 04/03/2026 **Date of Arrest:** 04/03/2026

Charging Document Date: 4/3/2026

SOID: 01010476

In Custody: NO

Booking No: 2026-11095

Bond Out Date: 04/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: SANDERS, JOCELYN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AMUIGME	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005322, 26-TR-051264, 26-TR-051265

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANDERS, DIAMOND WILLIAM**

Address: 754 BALLANCE FARM RD, SAINT PAULS, NC 28384

Interpreter: Y N **Language:**

DOB: 3/19/1992 **Gender:** Male **Race:** Black

DL: NC-000032051192

Alias:

Warrant:

Date of Offense: 04/03/2026 **Date of Arrest:**

Charging Document Date: 4/5/2026

SOID: 01010476

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 543 FAIL TO STOP AT TRAF SIG/RED LT	AMUIGLE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005322, 26-CT-005323, 26-TR-051265

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANDERS, DIAMOND WILLIAM**

Address: 754 BALLANCE FARM RD, SAINT PAULS, NC 28384

Interpreter: Y N **Language:**

DOB: 3/19/1992 **Gender:** Male **Race:** Black

DL: NC-000032051192

Alias:

Warrant:

Date of Offense: 04/03/2026 **Date of Arrest:**

Charging Document Date: 4/5/2026

SOID: 01010476

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161936(2)(A) - 424 POSS OF OPEN CONT IN MV - DRVR	AMUIGOE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005322, 26-CT-005323, 26-TR-051264

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
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- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
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  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANTIAGO, JANELLE IRENE**

Address: 7213 SALT RIVER AVE, SUN CITY, FL 33573

Interpreter: **Y** **N** **Language:**

DOB: 6/14/2006 **Gender:** Female **Race:** White

DL: FL-S532429067140

Alias:

Warrant:

Date of Offense: 11/25/2025 **Date of Arrest:** 11/25/2025

Charging Document Date: 11/26/2025

SOID: 01004678

In Custody: NO

Booking No: 2025-40953

Bond Out Date: 11/26/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: WILLO'S BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WOLF, HUNTER SIERRA **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	AM4KUDE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-118739

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SANTIAGO, JANELLE IRENE**

Address: 7213 SALT RIVER AVE, SUN CITY, FL 33573

Interpreter: Y N **Language:**

DOB: 6/14/2006 **Gender:** Female **Race:** White

DL: FL-S532429067140

Alias:

Warrant:

Date of Offense: 11/25/2025 **Date of Arrest:**

Charging Document Date: 11/26/2025

SOID: 01004678

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316646(1) - 280 OPER NONCMV NOT PROPERLY INSURED/PROOF OF INS REQ	AM4KUFE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-018719

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANTIAGO, MATTHEW DUSTIN ANTHONY**

Address: 6733 32ND AVE N, ST. PETERSBURG, FL 33710

Interpreter: **Y** **N** **Language:**

DOB: 4/13/1993 **Gender:** Male **Race:** White

DL: FL-S532544931331

Alias:

Warrant:

Date of Offense: 11/18/2025 **Date of Arrest:** 11/18/2025

Charging Document Date: 11/18/2025

SOID: 01004376

In Custody: NO

Booking No: 2025-40020

Bond Out Date: 11/18/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: AYENDE, JESSICA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARTPENCE , DANIEL SCOTT **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** USF

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AM6SUQE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANTIZ HERNANDEZ, JUAN CARLOS**

Address: 13144 N 22ND ST, TAMPA, FL 33612

Interpreter: **Y** **N** **Language:**

DOB: 5/15/2000 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 07/14/2026 **Date of Arrest:**

Charging Document Date: 7/15/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** DEFENDANT'S CHANGE OF PLEA

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANUR72E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

DISPOSITION 11/3/2026 1:30:00 PM

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SANTOS TEMPLOS, ESTEBAN JOSE**

Address: PO BOX 191, WIMAUMA, FL 33598

Interpreter: **Y** **N** **Language:**

DOB: 11/28/1962 **Gender:** Male **Race:** White

DL: FL-S532210624280

Alias:

Warrant:

Date of Offense: 05/16/2025 **Date of Arrest:**

Charging Document Date: 5/19/2025

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AKYQNYE	WPNG	NONE

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SARAC, MEVLANA**

Address: 26623 SEA HERO CIRCLE, WESLEY CHAPEL, FL 33544

Interpreter: Y N **Language:**

DOB: 2/25/1972 **Gender:** Male **Race:** Other

DL: FL-S214873404000

Alias:

Warrant:

Date of Offense: 04/02/2026 **Date of Arrest:**

Charging Document Date: 4/3/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: FHP

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	AMZRENE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005559, 26-TR-051220

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SARAC, MEVLANA**

Address: 26623 SEA HERO CIRCLE, WESLEY CHAPEL, FL 33544

Interpreter: Y N **Language:**

DOB: 2/25/1972 **Gender:** Male **Race:** Other

DL: FL-S214873404000

Alias:

Warrant:

Date of Offense: 04/02/2026 **Date of Arrest:**

Charging Document Date: 4/8/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	320261 - 471 ATTACHING TAG NOT ASSIGNED	AMZREME	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005338, 26-TR-051220

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SARAC, MEVLANA**

Address: 26623 SEA HERO CIRCLE, WESLEY CHAPEL, FL 33544

Interpreter: Y N **Language:**

DOB: 2/25/1972 **Gender:** Male **Race:** Other

DL: FL-S214873404000

Alias:

Warrant:

Date of Offense: 04/02/2026 **Date of Arrest:**

Charging Document Date: 4/3/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161925 - 455 CARELESS DRIVING	AN2OCSE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005338, 26-CT-005559

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SARDEGNA, GIOVANNI PETER**

Address: 607 E. CHAPMAN RD, LUTZ, FL 33549

Interpreter: Y N **Language:**

DOB: 12/11/2000 **Gender:** Male **Race:** White

DL: FL-S632295004510

Alias: SARDEGNA, GIOVANNI P

Warrant:

Date of Offense: 03/28/2026 **Date of Arrest:** 03/28/2026

Charging Document Date: 3/29/2026

SOID: 00945749

In Custody: NO

Booking No: 2026-10319

Bond Out Date: 03/28/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: RODRIGUEZ BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ6LVE	WPNG	

SPEED:

BAC LEVEL: 0.165

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004981

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SARDEGNA, GIOVANNI PETER**

Address: 607 E. CHAPMAN RD, LUTZ, FL 33549

Interpreter: Y N **Language:**

DOB: 12/11/2000 **Gender:** Male **Race:** White

DL: FL-S632295004510

Alias: SARDEGNA, GIOVANNI P

Warrant:

Date of Offense: 03/28/2026 **Date of Arrest:** 03/28/2026

Charging Document Date: 3/28/2026

SOID: 00945749

In Custody: NO

Booking No: 2026-10319

Bond Out Date: 03/28/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: RODRIGUEZ BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	AMUI3NE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004980

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SCHLORF, WILLIAM HUNTER**

Address: 921 JOHN HUNTER CT, BRANDON, FL 33511
Interpreter: Y N **Language:**
DOB: 8/22/1998 **Gender:** Male **Race:** White
DL: FL-S461928983020
Alias:

Warrant:
Date of Offense: 04/08/2026 **Date of Arrest:** 04/09/2026
Charging Document Date: 4/9/2026
SOID: 01010754
In Custody: NO
Booking No: 2026-11809

Bond Out Date: 04/09/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $150.00
Bond Company:
Cash Bond Depositor: BOYLE, TAYLOR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SHRADER , BRIAN LUCAS **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AMUIV3E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-005588, 26-TR-053446

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SCHLORF, WILLIAM HUNTER**

Address: 921 JOHN HUNTER CT, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/22/1998 **Gender:** Male **Race:** White

DL: FL-S461928983020

Alias:

Warrant:

Date of Offense: 04/08/2026 **Date of Arrest:** 04/09/2026

Charging Document Date: 4/10/2026

SOID: 01010754

In Custody: NO

Booking No: 2026-11809

Bond Out Date: 04/09/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: BOYLE, TAYLOR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SHRADER , BRIAN LUCAS **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6N6E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005587, 26-TR-053446

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SCHLORF, WILLIAM HUNTER**

Address: 921 JOHN HUNTER CT, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/22/1998 **Gender:** Male **Race:** White

DL: FL-S461928983020

Alias:

Warrant:

Date of Offense: 04/08/2026 **Date of Arrest:**

Charging Document Date: 4/10/2026

SOID: 01010754

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SHRADER , BRIAN LUCAS **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AMUIV1E	WPNG	

SPEED: 53

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005587, 26-CT-005588

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SERRANO MELGAREJO, CRISTIAN MIGUEL**

Address: 1250 E 113TH AVE APT 204, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 9/11/1989 **Gender:** Male **Race:** White

DL: FL-S642336929000

Alias: MELGAREJO SERRANO, CHRISTIAN MIGUEL

Warrant:

Date of Offense: 05/30/2026 **Date of Arrest:** 05/30/2026

Charging Document Date: 6/1/2026

SOID: 01013313, 1013313

In Custody: NO

Booking No: 2026-18532

Bond Out Date: 05/31/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: MARTINEZ PEREZ, HUMBERTO

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS: DEFENDANT'S CHANGE OF PLEA

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	ALQV0ME	WPNG	

SPEED:

BAC LEVEL: 0.174

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

DISPOSITION 11/3/2026 1:30:00 PM

PENDING CASES:

26-CT-008228

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SHADLER, TIMOTHY SCOTT**

Address: 431 LAKEVIEW DR, OLDSMAR, FL 34677

Interpreter: Y N **Language:**

DOB: 11/21/1962 **Gender:** Male **Race:** White

DL: FL-S346817624210

Alias:

Warrant:

Date of Offense: 05/30/2026 **Date of Arrest:** 05/31/2026

Charging Document Date: 6/1/2026

SOID: 01013326

In Custody: NO

Booking No: 2026-18555

Bond Out Date: 05/31/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: SHADLER, TIMOTHY SCOTT

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	ALQV0OE	WPNG	

SPEED:

BAC LEVEL: 0.096

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-074663

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SHADLER, TIMOTHY SCOTT**

Address: 431 LAKEVIEW DR, OLDSMAR, FL 34677

Interpreter: Y N **Language:**

DOB: 11/21/1962 **Gender:** Male **Race:** White

DL: FL-S346817624210

Alias:

Warrant:

Date of Offense: 05/30/2026 **Date of Arrest:**

Charging Document Date: 6/15/2026

SOID: 01013326

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA**

WITNESS: SHADLER, TIMOHTY SCOTT **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316089 - 332 FAIL TO USE DESIGNATED LN	AN90Y6E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008234

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SHORT, KYLE DOUGLAS**

Address: 545 BOND ST, WABASH, IN 46992
Interpreter: Y N **Language:**
DOB: 4/7/1963 **Gender:** Male **Race:** White
DL: IN-OOS
Alias:

Warrant:
Date of Offense: 03/03/2026 **Date of Arrest:** 03/03/2026
Charging Document Date: 3/4/2026
SOID: 01008892
In Custody: NO
Booking No: 2026-7076

Bond Out Date: 03/03/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: SHORT, KYLE DOUGLAS

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HACKWORTH , JONATHAN **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193 - 647 DUI	AJJ6J0E	WPNG	

SPEED:

BAC LEVEL: 0.136

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-036933

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SHORT, KYLE DOUGLAS**

Address: 545 BOND ST, WABASH, IN 46992
Interpreter: Y N **Language:**
DOB: 4/7/1963 **Gender:** Male **Race:** White
DL: IN-OOS
Alias:

Warrant:
Date of Offense: 03/03/2026 **Date of Arrest:**
Charging Document Date: 3/4/2026
SOID: 01008892
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HACKWORTH , JONATHAN **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161995 - 334 SIDEWALK/BICYCLE PATH - DRIVING ON	AMUGF9E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-003572

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIERO GRIJALVA, JOSE ANDRES**

Address: 3020 COVE BEND DR, TAMPA, FL 33613
Interpreter: Y N **Language:**
DOB: 12/30/2003 **Gender:** Male **Race:** White
DL: FL-S639902983000
Alias:

Warrant:
Date of Offense: 06/14/2026 **Date of Arrest:** 06/14/2026
Charging Document Date: 6/14/2026
SOID: 01014011, 1014011
In Custody: NO
Booking No: 2026-20471

Bond Out Date: 06/14/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: SANTOS CRUZ, MARIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WADE , KERSTIN JANA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(3)ABC1 - 648 DUI - PROP DMG/PERS INJ	ALQV2CE	WPNG	

SPEED:

BAC LEVEL: 0.188

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008832, 26-CT-008833, 26-TR-082029

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIERO GRIJALVA, JOSE ANDRES**

Address: 3020 COVE BEND DR, TAMPA, FL 33613
Interpreter: Y N **Language:**
DOB: 12/30/2003 **Gender:** Male **Race:** White
DL: FL-S639902983000
Alias:

Warrant:
Date of Offense: 06/14/2026 **Date of Arrest:** 06/14/2026
Charging Document Date: 6/15/2026
SOID: 01014011, 1014011
In Custody: NO
Booking No: 2026-20471

Bond Out Date: 06/14/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: SANTOS CRUZ, MARIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WADE , KERSTIN JANA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV2BE	WPNG	

SPEED:

BAC LEVEL: 0.188

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008831, 26-CT-008833, 26-TR-082029

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIERO GRIJALVA, JOSE ANDRES**

Address: 3020 COVE BEND DR, TAMPA, FL 33613
Interpreter: Y N **Language:**
DOB: 12/30/2003 **Gender:** Male **Race:** White
DL: FL-S639902983000
Alias:

Warrant:
Date of Offense: 06/14/2026 **Date of Arrest:** 06/14/2026
Charging Document Date: 6/14/2026
SOID: 01014011, 1014011
In Custody: NO
Booking No: 2026-20471

Bond Out Date: 06/14/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $150.00
Bond Company:
Cash Bond Depositor: SANTOS CRUZ, MARIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WADE , KERSTIN JANA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AN91WVE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008831, 26-CT-008832, 26-TR-082029

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIERO GRIJALVA, JOSE ANDRES**

Address: 3020 COVE BEND DR, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 12/30/2003 **Gender:** Male **Race:** White

DL: FL-S639902983000

Alias:

Warrant:

Date of Offense: 06/14/2026 **Date of Arrest:**

Charging Document Date: 6/18/2026

SOID: 01014011, 1014011

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WADE , KERSTIN JANA **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316075(1)C1 - 546 STEADY RED LT, VEH FAC, FAIL TO YLD ROW - TURNING	AN91WWE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008831, 26-CT-008832, 26-CT-008833

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIFRALIEN, EDDIE GEORGY**

Address: 2270 SHASTA ST, LAKELAND, FL 33805

Interpreter: Y N **Language:**

DOB: 3/12/2001 **Gender:** Male **Race:** Black

DL: FL-S164207010920

Alias: SIFRALIEN, EDDIE

Warrant:

Date of Offense: 05/03/2026 **Date of Arrest:** 05/03/2026

Charging Document Date: 5/4/2026

SOID: 01011943

In Custody: NO

Booking No: 2026-14923

Bond Out Date: 05/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: SIFRALIEN, EDDIE GEORGY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WOLF, HUNTER SIERRA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQUXJE	NG	

SPEED:

BAC LEVEL: 0.133

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-062343

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SIFRALIEN, EDDIE GEORGY**

Address: 2270 SHASTA ST, LAKELAND, FL 33805

Interpreter: Y N **Language:**

DOB: 3/12/2001 **Gender:** Male **Race:** Black

DL: FL-S164207010920

Alias: SIFRALIEN, EDDIE

Warrant:

Date of Offense: 05/03/2026 **Date of Arrest:**

Charging Document Date: 5/4/2026

SOID: 01011943

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AN8YRUE		

SPEED: 77

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006881

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SILER, MORGAN SIERRA**

Address: 5403 E COLUMBUS DR, TAMPA, FL 33619
Interpreter: Y N **Language:**
DOB: 1/20/1997 **Gender:** Female **Race:** Black
DL: FL-G243109674000
Alias: SILER, MORGAN S

Warrant:
Date of Offense: 03/20/2026 **Date of Arrest:**
Charging Document Date: 3/23/2026
SOID:
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRISCIA , EDWARD DIMITRI **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AMUHODE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

16-TR-088301

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SILVA AGUILAR, LILIANNYS**

Address: 3735 KENDRICK CT, PLANT CITY, FL 33566

Interpreter: **Y** **N** **Language:**

DOB: 5/25/2000 **Gender:** Female **Race:** White

DL: FL-S236636602000

Alias:

Warrant:

Date of Offense: 01/19/2026 **Date of Arrest:** 01/19/2026

Charging Document Date: 1/20/2026

SOID: 00965204

In Custody: NO

Booking No: 2026-2100

Bond Out Date: 01/19/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: AGUILAR PEREZ, YAKELIN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** ROGOZINSKI , JASON **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6DUE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001076

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SILVA AGUILAR, LILIANNYS**

Address: 3735 KENDRICK CT, PLANT CITY, FL 33566

Interpreter: Y N **Language:**

DOB: 5/25/2000 **Gender:** Female **Race:** White

DL: FL-S236636602000

Alias:

Warrant:

Date of Offense: 01/19/2026 **Date of Arrest:** 01/19/2026

Charging Document Date: 1/20/2026

SOID: 00965204

In Custody: NO

Booking No: 2026-2100

Bond Out Date: 01/19/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: AGUILAR PEREZ, YAKELIN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AMENPEE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001075

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SILVALEAL, LIZBETH**

Address: 2770 ROOSEVELT BLVD APT 1302, CLEARWATER, FL 33760

Interpreter: Y N **Language:**

DOB: 11/18/1981 **Gender:** Female **Race:** White

DL: FL-S628066587000

Alias: SILVA LEAL, LIZBETH

Warrant:

Date of Offense: 06/19/2026 **Date of Arrest:**

Charging Document Date: 6/22/2026

SOID: 00857244

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BARROR , DARLENE CALZON **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(B) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 2ND CONV	ANNM4YE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH CAPITANO, DIONYSIUS AURELIUS MAXIMIL**

Address: 2002 E CRENSHAW ST, TAMPA, FL 33610
Interpreter: Y N **Language:**
DOB: 11/5/2003 **Gender:** Male **Race:** White
DL: FL-S532161034050
Alias:

Warrant:
Date of Offense: 04/05/2025 **Date of Arrest:** 04/07/2026
Charging Document Date: 4/7/2025
SOID: 01010685
In Custody: NO
Booking No: 2026-11627

Bond Out Date: 04/08/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $1,000.00
Bond Company: MONCRIEF BAIL BONDS, INC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SILVERMAN, RICK **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316191(2)(A) - 571 RACING ON HWY - DRIVING MV	AKYPLAE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
25-TR-028615

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH CAPITANO, DIONYSIUS AURELIUS MAXIMIL**

Address: 2002 E CRENSHAW ST, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 11/5/2003 **Gender:** Male **Race:** White

DL: FL-S532161034050

Alias:

Warrant:

Date of Offense: 04/05/2025 **Date of Arrest:**

Charging Document Date: 4/7/2025

SOID: 01010685

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SILVERMAN, RICK **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161925(1) - 455 CARELESS DRIVING	AKYPL9E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-005546

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, AMERIE JANAE**

Address: 4806 RIVER BOTTOM COURT, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 6/18/2002 **Gender:** Female **Race:** Black

DL: FL-S530010027180

Alias:

Warrant:

Date of Offense: 02/06/2026 **Date of Arrest:** 02/06/2026

Charging Document Date: 2/6/2026

SOID: 01007710

In Custody: NO

Booking No: 2026-4109

Bond Out Date: 02/06/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: DUKES BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SPICOLA , ANDREW GREESON **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193 - 647 DUI	AMZ3NEE	WPNG	

SPEED:

BAC LEVEL: 0.125

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, ANTHONY D'ANDRE**

Address: 1241 PARMER DR, FLORISSANT, MO 63031

Interpreter: Y N **Language:**

DOB: 6/5/2003 **Gender:** Male **Race:** Black

DL: MO-035A003005

Alias: SMITH, ANTHONY DANDRE J

Warrant:

Date of Offense: 06/06/2026 **Date of Arrest:** 06/06/2026

Charging Document Date: 6/7/2026

SOID: 01013631, 1013631

In Custody: NO

Booking No: 2026-19392

Bond Out Date: 06/06/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: A-1 RAPID RELEASE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	ALQV1AE	WPNG	

SPEED:

BAC LEVEL: 0.217

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008522, 26-CT-008523, 26-TR-078782

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, ANTHONY D'ANDRE**

Address: 1241 PARMER DR, FLORISSANT, MO 63031

Interpreter: Y N **Language:**

DOB: 6/5/2003 **Gender:** Male **Race:** Black

DL: MO-035A003005

Alias: SMITH, ANTHONY DANDRE J

Warrant:

Date of Offense: 06/06/2026 **Date of Arrest:** 06/06/2026

Charging Document Date: 6/6/2026

SOID: 01013631, 1013631

In Custody: NO

Booking No: 2026-19392

Bond Out Date: 06/06/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: A-1 RAPID RELEASE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AN91HKE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008521, 26-CT-008523, 26-TR-078782

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, ANTHONY D'ANDRE**

Address: 1241 PARMER DR, FLORISSANT, MO 63031

Interpreter: Y N **Language:**

DOB: 6/5/2003 **Gender:** Male **Race:** Black

DL: MO-035A003005

Alias: SMITH, ANTHONY DANDRE J

Warrant:

Date of Offense: 06/06/2026 **Date of Arrest:** 06/06/2026

Charging Document Date: 6/7/2026

SOID: 01013631, 1013631

In Custody: NO

Booking No: 2026-19392

Bond Out Date: 06/06/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: A-1 RAPID RELEASE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	ALQV1BE	WPNG	

SPEED:

BAC LEVEL: 0.217

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008521, 26-CT-008522, 26-TR-078782

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, ANTHONY DANDRE J**

Address: 1241 PARMER DR, FLORISSANT, MO 63031
Interpreter: Y N **Language:**
DOB: 6/5/2003 **Gender:** Male **Race:** Black
DL: MO-035A003005
Alias: SMITH, ANTHONY D'ANDRE, JR

Warrant:
Date of Offense: 06/06/2026 **Date of Arrest:**
Charging Document Date: 6/17/2026
SOID: 01013631, 1013631
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 543 FAIL TO STOP AT TRAF SIG/RED LT	AN91HJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008521, 26-CT-008522, 26-CT-008523

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, CRAIG**

Address: 306 C SR 60 E, PLANT CITY, FL 33567
Interpreter: Y N **Language:**
DOB: 11/27/1973 **Gender:** Male **Race:** White
DL: FL-S530100734270
Alias:

Warrant:
Date of Offense: 05/15/2026 **Date of Arrest:**
Charging Document Date: 5/19/2026
SOID:
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WARSHOFSKY , KEITH ADAM **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMDOZCE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, JULIUS DONZELL**

Address: 19317 YELLOW CLOVER DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 7/9/1998 **Gender:** Male **Race:** Black

DL: FL-S232799532000

Alias: SMITH, JULIUS DONZELL 2

Warrant:

Date of Offense: 06/22/2026 **Date of Arrest:**

Charging Document Date: 6/23/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS:

ISSUING AGENCY: FHP

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 318 LV SCENE W/O GIVING INFO $50 OR LESS	ANIS1IE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

14-TR-176950, 26-TR-085408

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, JULIUS DONZELL 2**

Address: 19317 YELLOW CLOVER DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 7/9/1998 **Gender:** Male **Race:** Black

DL: FL-S232799532000

Alias: SMITH, JULIUS DONZELL

Warrant:

Date of Offense: 06/22/2026 **Date of Arrest:**

Charging Document Date: 6/23/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316520 - 352 LOAD DROP/SHIFT/LEAK/BLOW OFF - NOT COVERED	ANIS1HE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

14-TR-176950, 26-CT-009618

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, JULIUS TYRONE**

Address: 2141 23RD ST SW, LARGO, FL 33774
Interpreter: Y N **Language:**
DOB: 11/29/2000 **Gender:** Male **Race:** Black
DL: FL-S238961812000
Alias:

Warrant:
Date of Offense: 03/29/2026 **Date of Arrest:** 03/29/2026
Charging Document Date: 3/30/2026
SOID: 01010258
In Custody: NO
Booking No: 2026-10465

Bond Out Date: 03/30/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: FREDDIE DIXON BAIL BONDS
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PARRY , DAVID RICHARD **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6M5E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-005025, 26-CT-005026

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, JULIUS TYRONE**

Address: 2141 23RD ST SW, LARGO, FL 33774
Interpreter: Y N **Language:**
DOB: 11/29/2000 **Gender:** Male **Race:** Black
DL: FL-S238961812000
Alias:

Warrant:
Date of Offense: 03/29/2026 **Date of Arrest:** 03/29/2026
Charging Document Date: 3/29/2026
SOID: 01010258
In Custody: NO
Booking No: 2026-10465

Bond Out Date: 03/30/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $150.00
Bond Company: FREDDIE DIXON BAIL BONDS
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PARRY , DAVID RICHARD **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AMUI60E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005024, 26-CT-005026

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, JULIUS TYRONE**

Address: 2141 23RD ST SW, LARGO, FL 33774
Interpreter: Y N **Language:**
DOB: 11/29/2000 **Gender:** Male **Race:** Black
DL: FL-S238961812000
Alias:

Warrant:
Date of Offense: 03/29/2026 **Date of Arrest:** 03/29/2026
Charging Document Date: 3/29/2026
SOID: 01010258
In Custody: NO
Booking No: 2026-10465

Bond Out Date: 03/30/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $350.00
Bond Company: FREDDIE DIXON BAIL BONDS
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PARRY , DAVID RICHARD **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AMUI5ZE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-005024, 26-CT-005025

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, NICOLE ALEXIS MIYUKI**

Address: 10914 BRICE TREE CT, LITHIA, FL 33547

Interpreter: Y N **Language:**

DOB: 3/10/1986 **Gender:** Female **Race:** White

DL: FL-S606197321000

Alias:

Warrant:

Date of Offense: 06/07/2026 **Date of Arrest:** 06/07/2026

Charging Document Date: 6/8/2026

SOID: 00965092

In Custody: NO

Booking No: 2026-19526

Bond Out Date: 07/29/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: ACTION PLUS BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDAWAY , DEVAN LEXIS; FRANCHI , WILLIAM RICHARD **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(2)A - 647 DUI ALCOH/DRUGS - 1ST OFF - FINE	AJBM24E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008549, 26-TR-078877

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, NICOLE ALEXIS MIYUKI**

Address: 10914 BRICE TREE CT, LITHIA, FL 33547

Interpreter: Y N **Language:**

DOB: 3/10/1986 **Gender:** Female **Race:** White

DL: FL-S606197321000

Alias:

Warrant:

Date of Offense: 06/07/2026 **Date of Arrest:** 06/07/2026

Charging Document Date: 6/8/2026

SOID: 00965092

In Custody: NO

Booking No: 2026-19526

Bond Out Date: 07/29/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: ACTION PLUS BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDAWAY , DEVAN LEXIS; FRANCHI , WILLIAM RICHARD **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANNM7QE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008548, 26-TR-078877

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, RADESMOND MICCAL**

Address: 12248 COUNTRY WHITE CIRCLE, TAMPA, FL 33635

Interpreter: Y N **Language:**

DOB: 5/30/1995 **Gender:** Male **Race:** Black

DL: FL-S231391204000

Alias: SMITH, MICCAL RADESMOND; SMITH, RADESMOND; SMITH, RADESMOND MICCALL

Warrant:

Date of Offense: 09/03/2025 **Date of Arrest:**

Charging Document Date: 9/4/2025

SOID: 00849423

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AM4LH8E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, RYAN ERIC**

Address: 425 WILLOW ST, MONTICELLO, FL 32344
Interpreter: Y N **Language:**
DOB: 12/14/1983 **Gender:** Male **Race:** Asian
DL: FL-S530725834540
Alias: SMITH, RYAN E

Warrant:
Date of Offense: 06/10/2026 **Date of Arrest:** 06/10/2026
Charging Document Date: 6/11/2026
SOID: 00492230
In Custody: NO
Booking No: 2026-19933

Bond Out Date: 06/10/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: DIAZ, KEYLIN Y

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BOONCHIT , DONNA RUTANA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1)E - 646 REFUSE TO SUBMIT TO BAL TEST	ANNM2DE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-008735

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, RYAN ERIC**

Address: 425 WILLOW ST, MONTICELLO, FL 32344
Interpreter: Y N **Language:**
DOB: 12/14/1983 **Gender:** Male **Race:** Asian
DL: FL-S530725834540
Alias: SMITH, RYAN E

Warrant:
Date of Offense: 06/10/2026 **Date of Arrest:** 06/10/2026
Charging Document Date: 6/11/2026
SOID: 00492230
In Custody: NO
Booking No: 2026-19933

Bond Out Date: 06/10/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: DIAZ, KEYLIN Y

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BOONCHIT , DONNA RUTANA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(2)A - 647 DUI ALCOH/DRUGS - 1ST OFF - FINE	ANPZEUE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008734

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SMITH, TARIQ NAINAFIS**

Address: 7009 EDENBROOK CT, TAMPA, FL 33634

Interpreter: Y N **Language:**

DOB: 9/5/2004 **Gender:** Male **Race:** Black

DL: FL-S603850721000

Alias: SMITH, TARIQ

Warrant:

Date of Offense: 12/13/2025 **Date of Arrest:** 12/13/2025

Charging Document Date: 12/14/2025

SOID: 01005390

In Custody: NO

Booking No: 2025-42866

Bond Out Date: 12/13/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: SMITH, TARIQ NAINAFIS, JR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WOLF, HUNTER SIERRA; DEFENDER, PUBLIC **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMIXKYE	NG	

SPEED:

BAC LEVEL: 0.087

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant:** **SOROKEY, MATTHEW WILLIAM**

Address: 9508 N TRASK ST, TAMPA, FL 33624

Interpreter: **Y** **N** **Language:**

DOB: 8/23/1990 **Gender:** Male **Race:** White

DL: FL-S606551449000

Alias:

Warrant:

Date of Offense: 01/23/2026 **Date of Arrest:** 01/22/2026

Charging Document Date: 1/24/2026

SOID: 00932882

In Custody: NO

Booking No: 2026-2582

Bond Out Date: 01/24/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMUUNJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001288, 26-TR-016284

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOROKEY, MATTHEW WILLIAM**

Address: 9508 N TRASK ST, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 8/23/1990 **Gender:** Male **Race:** White

DL: FL-S606551449000

Alias:

Warrant:

Date of Offense: 01/23/2026 **Date of Arrest:** 01/22/2026

Charging Document Date: 1/24/2026

SOID: 00932882

In Custody: NO

Booking No: 2026-2582

Bond Out Date: 01/24/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AMWZTDE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001287, 26-TR-016284

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
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- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOROKEY, MATTHEW WILLIAM**

Address: 9508 N TRASK ST, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 8/23/1990 **Gender:** Male **Race:** White

DL: FL-S606551449000

Alias:

Warrant:

Date of Offense: 01/23/2026 **Date of Arrest:**

Charging Document Date: 1/24/2026

SOID: 00932882

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2)(B) - 575 SPEED/65 HWY/TURNPIKE (REQ SPEED)	AMWZTEE	WPNG	

SPEED: 65

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001287, 26-CT-001288

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOSA PEREZ, DIONISIO OVIDIO**

Address: 818 W LOWRY LN, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 10/9/1964 **Gender:** Male **Race:** White

DL: FL-S623799967000

Alias:

Warrant:

Date of Offense: 02/17/2026 **Date of Arrest:**

Charging Document Date: 2/20/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TTPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316063(1) - 312 FAIL TO LV INFO UNATTEND VEH - PROP DMG	ALH74DE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOSA-RIVAS, LUIS**

Address: 4123 W GRAY ST, TAMPA, FL 33609
Interpreter: Y N **Language:**
DOB: 12/14/1977 **Gender:** Male **Race:**
DL: FL-S261520774540
Alias: SOSA RIVAS, LUIS

Warrant:
Date of Offense: 02/14/2026 **Date of Arrest:**
Charging Document Date: 2/16/2026
SOID:
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMUF8RE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOTO GOMEZ, ALEJANDRO DARINEL**

Address: 112 E SADIE ST, BRANDON, FL 33510

Interpreter: Y N **Language:**

DOB: 8/10/1989 **Gender:** Male **Race:** Other

DL:

Alias:

Warrant:

Date of Offense: 06/06/2026 **Date of Arrest:**

Charging Document Date: 6/12/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN91HLE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOTO-VAZQUEZ, MICHAEL BERNARDO**

Address: 301 27TH ST SE, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 3/17/2008 **Gender:** Male **Race:** White

DL: FL-S619164481000

Alias: SOTO VAZQUEZ, MICHAEL B; SOTO-VAZQUEZ, MICHAEL B

Warrant:

Date of Offense: 05/14/2026 **Date of Arrest:**

Charging Document Date: 5/19/2026

SOID: 01000121, J0098740

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** ROHER , AMY ELIZABETH

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	AK9PJLE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-012992 (W), 26-TR-070129

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SOTO-VAZQUEZ, MICHAEL BERNARDO**

Address: 301 27TH ST SE, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 3/17/2008 **Gender:** Male **Race:** White

DL: FL-S619164481000

Alias: SOTO VAZQUEZ, MICHAEL B; SOTO-VAZQUEZ, MICHAEL B

Warrant:

Date of Offense: 05/14/2026 **Date of Arrest:**

Charging Document Date: 5/20/2026

SOID: 01000121, J0098740

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316066(1)D - 282 FAILURE OF EACH PARTY TO PROVIDE PROOF OF INS	AK9PJKE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007774, 26-CT-012992 (W)

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STAFFORD, REBECCA LYNN**

Address: 10028 PALERMO CIR APT 102, TAMPA, FL 33619
Interpreter: Y N **Language:**
DOB: 2/12/2000 **Gender:** Female **Race:** White
DL: FL-S238904114000
Alias:

Warrant:
Date of Offense: 01/29/2026 **Date of Arrest:** 01/29/2026
Charging Document Date: 1/30/2026
SOID: 01007348
In Custody: NO
Booking No: 2026-3254

Bond Out Date: 01/29/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: STAFFORD, LISA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ6EZE	WPNG	

SPEED:

BAC LEVEL: 0.203

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-021476

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STAFFORD, REBECCA LYNN**

Address: 10028 PALERMO CIR APT 102, TAMPA, FL 33619
Interpreter: Y N **Language:**
DOB: 2/12/2000 **Gender:** Female **Race:** White
DL: FL-S238904114000
Alias:

Warrant:
Date of Offense: 01/29/2026 **Date of Arrest:**
Charging Document Date: 1/30/2026
SOID: 01007348
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AMEOGCE	WPNG	

SPEED: 50

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-001641

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STATEN, WILNESHA MICHELLE**

Address: 1211 E HOLLAND AVE APT B, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 10/21/1990 **Gender:** Female **Race:** Black

DL: FL-S220111420000

Alias:

Warrant:

Date of Offense: 03/12/2026 **Date of Arrest:**

Charging Document Date: 3/15/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:** TO BRING VALID DL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMUH24E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STENGARD, NIKOLAI GUNNAR**

Address: 525 VISTA RIDGE DR, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 7/24/2007 **Gender:** Male **Race:** White

DL: FL-S627349215000

Alias:

Warrant:

Date of Offense: 01/29/2026 **Date of Arrest:**

Charging Document Date: 2/1/2026

SOID:

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	AMWZYOE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STEPHENS, TATIANNA ELISE**

Address: 218 STARSHELL DR, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 1/1/2005 **Gender:** Female **Race:** Black

DL: FL-S315805055010

Alias:

Warrant:

Date of Offense: 06/22/2026 **Date of Arrest:** 06/22/2026

Charging Document Date: 6/22/2026

SOID: 00963331

In Custody: NO

Booking No: 2026-21575

Bond Out Date: 09/24/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: STEPHENS, TYLESIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WOLF, HUNTER SIERRA **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANNN0PE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-111231, 26-TR-020684, 26-TR-085166

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STEPHENS, TATIANNA ELISE**

Address: 218 STARSHELL DR, APOLLO BEACH, FL 33572

Interpreter: Y N **Language:**

DOB: 1/1/2005 **Gender:** Female **Race:** Black

DL: FL-S315805055010

Alias:

Warrant:

Date of Offense: 06/22/2026 **Date of Arrest:**

Charging Document Date: 6/23/2026

SOID: 00963331

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316084(2) - 412 IMPROP PASS ON RIGHT - DRIV OFF PAVEMENT	ANNN0QE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-111231, 26-CT-009572, 26-TR-020684

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: STRAHAN, CHERYL ANN**

Address: 8409 MARBLE ST APT C, TAMPA, FL 33615
Interpreter: Y N **Language:**
DOB: 10/24/1958 **Gender:** Female **Race:** White
DL: FL-S437766010000
Alias: STRAHAN, CHERYL S

Warrant:
Date of Offense: 05/18/2026 **Date of Arrest:**
Charging Document Date: 5/19/2026
SOID: 00458418
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AN8ZQ8E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-107884

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SUAREZ SOLER, JAIME**

Address: 703 PARSONS LAKE PATH APT 105, BRANDON, FL 33511
Interpreter: Y N **Language:**
DOB: 10/16/1956 **Gender:** Male **Race:** White
DL: FL-S624420563760
Alias: SUAREZ SOLER, JAMIE

Warrant:
Date of Offense: 07/04/2026 **Date of Arrest:** 07/04/2026
Charging Document Date: 7/5/2026
SOID: 00834220
In Custody: NO
Booking No: 2026-23081

Bond Out Date: 07/04/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: RODRIGUEZ, ELIZABETH

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322031 - 634 NO DL - NEVER HAD ONE ISSUED	AN8WNAE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SULLIVAN, JOSHUA DAVID**

Address: 13046 LINCOLN RD, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 7/12/1999 **Gender:** Male **Race:** White

DL: FL-S236762872000

Alias:

Warrant:

Date of Offense: 05/17/2026 **Date of Arrest:** 05/17/2026

Charging Document Date: 5/19/2026

SOID: 01012711

In Custody: NO

Booking No: 2026-16865

Bond Out Date: 05/18/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: ORIENT ROAD BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WOLF, HUNTER SIERRA **ACA** **ASA** ASPINALL , EMILY LYNN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBOCWE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-069505, 26-TR-069525

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SULLIVAN, JOSHUA DAVID**

Address: 13046 LINCOLN RD, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 7/12/1999 **Gender:** Male **Race:** White

DL: FL-S236762872000

Alias:

Warrant:

Date of Offense: 05/17/2026 **Date of Arrest:**

Charging Document Date: 5/18/2026

SOID: 01012711

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(1) - 575 SPEEDING STATE POST (REQ SPEED)	AN2YAPE		

SPEED: 84

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007661, 26-TR-069525

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: SULLIVAN, JOSHUA DAVID**

Address: 13046 LINCOLN RD, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 7/12/1999 **Gender:** Male **Race:** White

DL: FL-S236762872000

Alias:

Warrant:

Date of Offense: 05/17/2026 **Date of Arrest:**

Charging Document Date: 5/18/2026

SOID: 01012711

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316217 - 436 HEADLIGHTS DRIVING W/O (TWILIGHT TO SUNRISE, SMOKE/RAIN/FOG)	AN2YAQE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007661, 26-TR-069505

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHL, BRYAN ADDISON**

Address: 602 CRYSTAL CLEAR LN, LUTZ, FL 33548

Interpreter: Y N **Language:**

DOB: 10/14/2000 **Gender:** Male **Race:** White

DL: FL-U635077439000

Alias:

Warrant:

Date of Offense: 12/20/2025 **Date of Arrest:** 12/20/2025

Charging Document Date: 12/21/2025

SOID: 01005692

In Custody: NO

Booking No: 2025-43605

Bond Out Date: 12/20/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: ALL AMERICAN BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A77PSIE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-020159

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHL, BRYAN ADDISON**

Address: 602 CRYSTAL CLEAR LN, LUTZ, FL 33548

Interpreter: Y N **Language:**

DOB: 10/14/2000 **Gender:** Male **Race:** White

DL: FL-U635077439000

Alias:

Warrant:

Date of Offense: 12/20/2025 **Date of Arrest:** 12/20/2025

Charging Document Date: 12/21/2025

SOID: 01005692

In Custody: NO

Booking No: 2025-43605

Bond Out Date: 12/20/2025 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: ALL AMERICAN BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PLUMB , KARLY NICOLE **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	ALMFLJE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-020158

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST W/JTR CHOP

VOP: Admit Deny DISM In Violation: Y N

CONT REVK REIN SACO MOD TERM: S U

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP TRDP DVIP MIP RIDR VRU

Incompetent to Proceed Competent to Proceed

☐ Order to be Prepared

COJA / SRCJ: _____ Days/Months W/Credit _____ Days Followed By:

Time served Suspended upon:_____

PROB: _____ Months Report w/in:_____

CSH: _____ hrs @ _____ / month

May Buy_____@ $_____ / hour

CONTACT: No Contact w/ Victim (NCWV) No Violent Contact w/ Victim (NVCW)

No Return to Offense Location (NRTOL)

FINANCIAL: MCCI COP PDLI REC CCCLI Fine $ _____

REST: $_____ To Pay Date_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: $_____ EST RECALL CAPIAS Set Aside EST

LICENSE: D6 Set Aside D6

CONTINUE: Hearing Type: _____Date:_____Time:_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHLEIN, ALEXANDER JOHN**

Address: 504 W GRAND CENTRAL AVE #509, TAMPA, FL 33606

Interpreter: Y N **Language:**

DOB: 3/27/1996 **Gender:** Male **Race:** White

DL: FL-U450010961070

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:** 04/24/2026

Charging Document Date: 4/25/2026

SOID: 01011545

In Custody: NO

Booking No: 2026-13860

Bond Out Date: 04/25/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: UHLEIN, ALEXANDER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRAYNER , ALBERT L **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AN8YCTE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-065122, 25-TR-083585, 25-TR-110237, 25-TR-126234, 26-CT-006499, 26-CT-006500, 26-TR-060202, 26-TR-060205

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHLEIN, ALEXANDER JOHN**

Address: 504 W GRAND CENTRAL AVE #509, TAMPA, FL 33606

Interpreter: Y N **Language:**

DOB: 3/27/1996 **Gender:** Male **Race:** White

DL: FL-U450010961070

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:** 04/24/2026

Charging Document Date: 4/25/2026

SOID: 01011545

In Custody: NO

Booking No: 2026-13860

Bond Out Date: 04/25/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: UHLEIN, ALEXANDER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRAYNER , ALBERT L **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN8YCUE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-065122, 25-TR-083585, 25-TR-110237, 25-TR-126234, 26-CT-006498, 26-CT-006500, 26-TR-060202, 26-TR-060205

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHLEIN, ALEXANDER JOHN**

Address: 504 W GRAND CENTRAL AVE #509, TAMPA, FL 33606

Interpreter: Y N **Language:**

DOB: 3/27/1996 **Gender:** Male **Race:** White

DL: FL-U450010961070

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:** 04/24/2026

Charging Document Date: 4/26/2026

SOID: 01011545

In Custody: NO

Booking No: 2026-13860

Bond Out Date: 04/25/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: UHLEIN, ALEXADER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRAYNER , ALBERT L **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6P3E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-065122, 25-TR-083585, 25-TR-110237, 25-TR-126234, 26-CT-006498, 26-CT-006499, 26-TR-060202, 26-TR-060205

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHLEIN, ALEXANDER JOHN**

Address: 504 W GRAND CENTRAL AVE #509, TAMPA, FL 33606

Interpreter: Y N **Language:**

DOB: 3/27/1996 **Gender:** Male **Race:** White

DL: FL-U450010961070

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:**

Charging Document Date: 4/27/2026

SOID: 01011545

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRAYNER , ALBERT L **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161936(2)(A) - 424 POSS OF OPEN CONT IN MV - DRVR	AN8YCOE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-065122, 25-TR-083585, 25-TR-110237, 25-TR-126234, 26-CT-006498, 26-CT-006499, 26-CT-006500, 26-TR-060205

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: UHLEIN, ALEXANDER JOHN**

Address: 504 W GRAND CENTRAL AVE #509, TAMPA, FL 33606

Interpreter: Y N **Language:**

DOB: 3/27/1996 **Gender:** Male **Race:** White

DL: FL-U450010961070

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:**

Charging Document Date: 4/27/2026

SOID: 01011545

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TRAYNER , ALBERT L **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 543 FAIL TO STOP AT TRAF SIG/RED LT	AN8YCRE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-065122, 25-TR-083585, 25-TR-110237, 25-TR-126234, 26-CT-006498, 26-CT-006499, 26-CT-006500, 26-TR-060202

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: URIBE GIRALDO, ADRIANA**

Address: 9702 SUNBRY CT, TAMPA, FL 33615
Interpreter: Y N **Language:**
DOB: 5/30/1971 **Gender:** Female **Race:** White
DL: FL-U612000716900
Alias:

Warrant:
Date of Offense: 06/04/2026 **Date of Arrest:**
Charging Document Date: 6/8/2026
SOID:
In Custody: NO
Booking No:

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DE LA GRANA , FRANCESCA **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:15:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322036 - 606 EXP DL MORE THAN 6 MOS	AN8VS9E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

JURY TRIAL 11/17/2026 8:30:00 AM

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: URIZAR PEREZ, EVERILDO N**

Address: 14401 DELORES CT APT A3, TAMPA, FL 33613

Interpreter: **Y** **N** **Language:**

DOB: 2/28/1992 **Gender:** Male **Race:** White

DL: FL-U626214920680

Alias: URIZAR PEREZ, EVERILDO NEFTALI

Warrant:

Date of Offense: 09/29/2025 **Date of Arrest:**

Charging Document Date: 9/30/2025

SOID: 01002004

In Custody: NO

Booking No:

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA**

WITNESS: BELCHER, JAIDEN THOMAS; VELAZQUEZ, JOSE ANTONIO

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3160895 - 271 FOLLOWING TOO CLOSELY	ALQSMEE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015578, 25-CT-015579, 25-CT-015580

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y** **N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S** **U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: URIZAR PEREZ, EVERILDO NEFTALI**

Address: 14401 DELORES CT APT A3, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 2/28/1992 **Gender:** Male **Race:** White

DL: FL-U626214920680

Alias: URIZAR PEREZ, EVERILDO N

Warrant:

Date of Offense: 09/29/2025 **Date of Arrest:** 09/29/2025

Charging Document Date: 9/30/2025

SOID: 01002004

In Custody: NO

Booking No: 2025-33853

Bond Out Date: 09/29/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: REZABALA RAMIREZ, GEMA CHRISTINA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ635E	WPNG	

SPEED:

BAC LEVEL: 0.209

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015579, 25-CT-015580, 25-TR-102155

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days** **Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

LICENSE: **D6** **Set Aside D6**

CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

- ☐ **ALCOHOL EVALUATION AND RECOMMENDED TREATMENT (AERT)**
- ☐ **DRUG EVALUATION AND RECOMMENDED TREATMENT (DERT)**
- ☐ **DOMESTIC VIOLENCE EVALUATION AND RECOMMENDED TREATMENT (DVET)**
- ☐ **MENTAL HEALTH EVALUATION AND RECOMMENDED TREATMENT (MHERT)**
- ☐ **ENTER AND COMPLETE ANGER MANAGEMENT PROGRAM (ACAM)**
  - ☐ **IN JAIL PROGRAM (CIJAMP)**
- ☐ **ENTER AND COMPLETE DRUG TREATMENT PROGRAM (ECDP)**
  - ☐ **IN JAIL PROGRAM (CIJDP)**
- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
  _____HOURS
- ☐ **NO OBJECTION TO APPLY FOR HARDSHIP LICENSE FOR WORK PURPOSE (NOHLWP)**
- ☐ **DO NOT DRIVE W/OUT VALID DL (DND)**
- ☐ **DO NOT DRIVE (DNDV)**

☐ **Defendant: URIZAR PEREZ, EVERILDO NEFTALI**

Address: 14401 DELORES CT APT A3, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 2/28/1992 **Gender:** Male **Race:** White

DL: FL-U626214920680

Alias: URIZAR PEREZ, EVERILDO N

Warrant:

Date of Offense: 09/29/2025 **Date of Arrest:** 09/29/2025

Charging Document Date: 9/29/2025

SOID: 01002004

In Custody: NO

Booking No: 2025-33853

Bond Out Date: 09/29/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: REZABALA RAMIREZ, GEMA CHRISTINA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** ARMOCIDA , ZACHARY DAVID; JONES , BRANDON F **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	ALQSMGE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-015578, 25-CT-015580, 25-TR-102155

Concurrent / Consecutive to Each Count / Case(s)

PLEA: **G** **NC** **NG** **WPNG** **WST** **W/JTR** **CHOP**

VOP: **Admit** **Deny** **DISM** **In Violation: Y N**

CONT **REVK** **REIN** **SACO** **MOD** **TERM: S U**

VERDICT: **ACQT** **G** **NG**

DISP: **WH** **AGJ** **DISM** **NOLP** **TRDP** **DVIP** **MIP** **RIDR** **VRU**

Incompetent to Proceed **Competent to Proceed**

☐ **Order to be Prepared**

COJA / SRCJ: _____ **Days/Months** **W/Credit** _____ **Days Followed By:**

Time served **Suspended upon:**_____

PROB: _____ **Months** **Report w/in:**_____

CSH: _____ **hrs @** _____ **/ month**

May Buy_____**@ $**_____ **/ hour**

CONTACT: **No Contact w/ Victim (NCWV)** **No Violent Contact w/ Victim (NVCW)**

No Return to Offense Location (NRTOL)

FINANCIAL: **MCCI** **COP** **PDLI** **REC** **CCCLI** **Fine $** _____

REST: $_____ **To Pay Date**_____

May Convert Court Cost to Community Service Hours (MAYC)

CAPIAS: **$**_____ **EST** **RECALL CAPIAS** **Set Aside EST**

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CONTINUE: **Hearing Type:** _____**Date:**_____**Time:**_____

SENTENCING PROVISIONS:

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- ☐ **COMPLETE PETIT THEFT SCHOOL (CPTS)**
  - ☐ **ENROLL W/IN _____ DAYS**
- ☐ **BATTERERS INTERVENTION PROGRAM (CBIP)**
- ☐ **RANDOM DRUG SCREENING URINALYSIS (RDSU)**
- ☐ **CREDIT FOR ANY CONDITIONS COMPLETED (CFAC)**
- ☐ **GPS / SOBERTRACK PRIOR TO RELEASE**
  - ☐ **HCSO** ☐ **PRIVATE**
- ☐ **AUTO EARLY TERM WHEN CONDITIONS COMPLETE _____**
- ☐ **MAY PETITION FOR EARLY TERM (MPETERM) _____**
- ☐ **NO EARLY TERMINATION OF PROBATION (NETM)**
- ☐ **NO FIREARMS OR WEAPONS (NOWF)**
- ☐ **STAY AWAY FROM OFFENSE LOCATION (STFR)**
- ☐ **NO ALCOHOL (NOAL)**
- ☐ **ATTEND DUI SCHOOL (ADUI) - LEVEL _____**
  ENROLL W/IN _____ DAYS
- ☐ **TREATMENT REQ'D IF RECOMMENDED (TRREC)**
- ☐ **IGNITION INTERLOCK (IGLOCK)**
  _____ MONTHS
- ☐ **VEHICLE IMMOBILIZATION (VEIMM)**
  _____ DAYS
- ☐ **DRIVERS LICENSE REVOCATION (DLREV)**
  _____MONTHS / YEARS
- ☐ **COURT ORDERED DEFENSIVE DRIVING SCHOOL (CRTDDS)**
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In Custody: NO

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Bond Out Date: 09/29/2025 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: REZABALA RAMIREZ, GEMA CHRISTINA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** BARGAMIN , ALEXIS MORGAN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:15:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ALQSMHE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

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