

RUN TIME: 3:31:42 PM

RUN DATE: 7/24/2024

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV B MOT 1:30PM
Court Date:	7/29/2024
Judge:	TAYLOR, MARGARET R
Court Room:	COURTROOM 31 IN-PERSON
Court Convened:	_____
Court Adjourn:	_____
Court Reporter:	_____
State Attorney:	_____
Public Defender:	_____
Court Clerk:	_____
Ext:	_____

CASE NO: 24-CT-007338

TRAFFIC DIVISION B TAYLOR, MARGARET R

DIV B MOT 1:30PM

FIGUEROE-PALMER, KRICHELLE

15501 BRUCE B DOWNS BLVD #1306, TAMPA, FL 33613

ALIAS:

SET FOR: MOTION HEARING AT 1:30:00 PM

Gender: Female

Race: Black

DOB: 8/28/1984

DL: FL-F261500848080

Warrant:

OFFENSE DATE: 5/1/2024

IN CUSTODY: NO

DATE OF ARREST: 05/01/2024

BOOKING NO: 2024-14488

SOID: 00589035

BOND OUT DATE: 05/01/2024

BOND TYPE: CASH

BOND AMOUNT: \$500.00

BOND COMPANY:

CASH BOND DEP: FIGUEROE, LUZ

PD APP / UNAPP /WDRAW

PA PD RC

DEFENDER, PUBLIC

PROSECUTOR: SIMMONS, KARINA NICHOLE

INTERPRETER LANGUAGE:

WITNESS:

LEO AGENCY: TPD

In Person Remote Combination

HEARING COMMENTS:

MOTION TO COMPEL

COUNT OFFENSE DESCRIPTION

1 316193(1) - 647 DUI - DRIV UND THE INFLUENCE

CITATION #

AJIYGZE

PLEA

NG

DISPO

SPEEDS:

BAC LEVEL: 0.000 0.000

ADDITIONAL INFORMATION:

FUTURE HEARINGS:

MOTION HEARING 8/5/2024 1:30:00 PM

PRETRIAL CONFERENCE 8/7/2024 1:30:00 PM

JURY TRIAL 8/13/2024 9:00:00 AM

PENDING CASES:

Concurrent / Consecutive to Each Count / Case(s)

PLEA: G NC NG WPNG WST WJTR CHOP

VOP: Admit Deny DISM In Violation: Y N

VERDICT: ACQT G NG

DISP: WH AGJ DISM NOLP

DLAP DVIP MIP RIDR

COJA / SRCJ: ___Days/Months W/Credit ___ Time served SUSP

PROB: ___Months AUTOET NOAUTO Report

___Total CSH (W/HCSOWD___) (May Buy ___)

CONT REVK REIN SACO MOD TERM: S U

PROV: NCWV NVCW STFR LOAP GADL OGED

AEAT ACAM DETN DVET STHS PPET

ATNAW CRTDDS ADUI CPTS AVIO

DND IGINTER VIMF ___ days DLRE ___ months

RDSU ___ First no sooner than ___ days

JURY: JRSEL JRSWR JTRC

FINANCIAL: MCCI COP COI \$___ PDLI PPFEE

Convert CC to CSH / Lien

Fine \$ _____ Rest \$ _____

To Pay By:

CAPIAS: \$ _____ EA CT Recall Capias

EST Revoke Set Aside Discharge Reinstate

D6 Reinstate

CONTINUE: Hearing Type Date Time