RUN TIME: 5:32:23 PM

RUN DATE: 8/14/2026

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session: DIV D VOP/NJT ADD ON 1:30PM

Court Date: 8/17/2026

Judge: BROWN, CHRISTOPHER E.

Court Room: ANNEX COURTROOM 32 IN-PERSON

Court Convene: _____

Court Adjourn: _____

Court Clerk: _____

Ext: _____

Total Pages: _____

☐ **Defendant: TAGUJA GARCIA, JUAN DANIEL**

Address: 5437 NORTH ST, WIMAUMA, FL 33598
Interpreter: Y N **Language:** Spanish
DOB: 10/31/1999 **Gender:** Male **Race:** White
DL: FL-T222424993910
Alias:

Warrant:
Date of Offense: 04/29/2025 **Date of Arrest:**
Charging Document Date: 4/30/2025
SOID: 00937283
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 1:30:00 PM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316122 - 516 FAIL TO YLD TO ONCOMING TRAF VEH PASS ON LEFT ON LT TURN	A824O9E		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
25-CT-006883 (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: TORRES, JAMEN TIMOTHY**

Address: 527 OAKBRIAR PL, BRANDON, FL 33510
Interpreter: Y N **Language:**
DOB: 3/9/2006 **Gender:** Male **Race:** White
DL: FL-T611537979000
Alias:

Warrant:
Date of Offense: 06/22/2026 **Date of Arrest:** 08/06/2026
Charging Document Date: 6/25/2026
SOID: 01011194
In Custody: YES
Booking No: 2026-27323

Bond Out Date: **BNDADD**
Bond Type:
Bond Amount:
Bond Company:
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** SUGRANES , OSCAR LORENZO, III

WITNESS: **ISSUING AGENCY:** TPD

SET FOR: ARRAIGNMENT AT 1:30:00 PM **HEARING COMMENTS:** ATTY LEESAANN DODDS ESQ TO FILE NOA

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)B1 - 600 DRIVING W/SUSP/REVOKED LIC	AN92GFE		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

ARRAIGNMENT 8/26/2026 9:00:00 AM

PENDING CASES:

25-TR-037964, 26-CF-006449-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)**