RUN TIME: 3:33:56 PM

RUN DATE: 10/5/2026

CLERK OF THE CIRCUIT COURT

COURT CALENDAR

COUNTY CRIMINAL COURT CALENDAR

Session Description

Court Session:	DIV D DISPO 9:00AM
Court Date:	10/8/2026
Judge:	BROWN, CHRISTOPHER E.
Court Room:	ANNEX COURTROOM 32 IN-PERSON
Court Convene:	_____
Court Adjourn:	_____
Court Clerk:	_____
Ext:	_____
Total Pages:	_____

☐ **Defendant: CABALLERO GUERRERO, JARVIN ROBERTO**

Address: 1903 E MCBERRY ST, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 4/20/1995 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 07/08/2026 **Date of Arrest:**

Charging Document Date: 7/12/2026

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** CANDAMO , PATRICIA ANN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANPD8ZE	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: CABALLERO ROMERO, RAUL ALEXANDER**

Address: 7145 FAIRVIEW PARK DR, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 4/28/1997 **Gender:** Male **Race:** White

DL: FL-C146721971480

Alias:

Warrant:

Date of Offense: 07/21/2026 **Date of Arrest:**

Charging Document Date: 7/23/2026

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** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322036 - 606 EXP DL MORE THAN 6 MOS	ANPEGHE	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: CABRERA NUVIOLA, YURY**

Address: 4417 W HIAWATHA ST, TAMPA, FL 33614

Interpreter: Y N **Language:** Spanish

DOB: 1/8/1983 **Gender:** Male **Race:**

DL: FL-C622491287000

Alias:

Warrant:

Date of Offense: 06/30/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	320261 - 471 ATTACHING TAG NOT ASSIGNED	ANPD3EE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-057882

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: CADET, EDNIRVA**

Address: 1550 21ST ST E APT G55, BRADENTON, FL 34208

Interpreter: Y N **Language:**

DOB: 6/15/1998 **Gender:** Female **Race:** Black

DL: FL-C234353944000

Alias:

Warrant:

Date of Offense: 07/13/2026 **Date of Arrest:** 07/13/2026

Charging Document Date: 7/13/2026

SOID: 01015400, 1015400

In Custody: NO

Booking No: 2026-24251

Bond Out Date: 07/13/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: WILLO'S BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL: 0.065

☐ **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: CAGLE, CAYLEIGH LYNN**

Address: 213 CAGLE RD, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 6/23/2001 **Gender:** Female **Race:** White

DL: FL-C238597868000

Alias:

Warrant:

Date of Offense: 04/18/2026 **Date of Arrest:**

Charging Document Date: 4/19/2026

SOID: 01011200

In Custody: NO

Booking No: 2026-12987

Bond Out Date: 04/18/2026 **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** SCHOEB , MARIE SARTIANO **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ6OEE	WPNG	

SPEED:

BAC LEVEL: 0.161

☐ **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: CAGLE, MATTHEW JACOB**

Address: 11045 LYNN LAKE CIR, TAMPA, FL 33625

Interpreter: Y N **Language:**

DOB: 9/26/2005 **Gender:** Male **Race:** White

DL: FL-C601987025000

Alias: CAGLE, MATTHEW

Warrant:

Date of Offense: 03/02/2026 **Date of Arrest:** 03/02/2026

Charging Document Date: 3/2/2026

SOID: 01008832

In Custody: NO

Booking No: 2026-6977

Bond Out Date: 03/02/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CAGLE, MATTHEW JACOB

PD APP / UNAPP /WDRAW **PA** **APD** **RC** JACKSON , DAVID RANGER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:00:00 AM **HEARING COMMENTS:** LAST DISPO

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMX32BE	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: CARBONELL GONZALEZ, ROSBEL**

Address: 1706 W HUMPHREY ST, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 6/4/1987 **Gender:** Male **Race:** White

DL: FL-C617634249000

Alias:

Warrant:

Date of Offense: 07/23/2026 **Date of Arrest:** 07/23/2026

Charging Document Date: 7/23/2026

SOID: 01015904, 1015904

In Custody: NO

Booking No: 2026-25569

Bond Out Date: 07/23/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GONZALES, CARMEN ROSA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** NEYRA , J MANUEL **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMX2CTE	WPNG	

SPEED:

BAC LEVEL: 0.067

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011198, 26-TR-094313

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: CARBONELL GONZALEZ, ROSBEL**

Address: 1706 W HUMPHREY ST, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 6/4/1987 **Gender:** Male **Race:** White

DL: FL-C617634249000

Alias:

Warrant:

Date of Offense: 07/22/2026 **Date of Arrest:**

Charging Document Date: 7/23/2026

SOID: 01015904, 1015904

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** NEYRA , J MANUEL **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	AGQGTME	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011170, 26-TR-094313

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: CARBONELL GONZALEZ, ROSBEL**

Address: 1706 W HUMPHREY ST, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 6/4/1987 **Gender:** Male **Race:** White

DL: FL-C617634249000

Alias:

Warrant:

Date of Offense: 07/22/2026 **Date of Arrest:**

Charging Document Date: 7/23/2026

SOID: 01015904, 1015904

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** NEYRA , J MANUEL **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(1) - 609 DWLS WITHOUT KNOWLEDGE	AGQHU2E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011170, 26-CT-011198

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:** **CARDOZOCAMBRI, THICIARA**

Address: 7203 BATTENWOOD DR, TAMPA, FL 33615

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

DOB: 1/25/1996 **Gender:** Female **Race:** White

DL: FL-C632800965250

Alias: CARDOZO CAMBRI, THICIARA

Warrant:

Date of Offense: 07/01/2026 **Date of Arrest:** 07/01/2026

Charging Document Date: 7/1/2026

SOID: 01014851

In Custody: NO

Booking No: 2026-22766

Bond Out Date: 07/01/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GONZALEZ RUIZ, IDEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322031 - 634 NO DL - NEVER HAD ONE ISSUED	AN8W2SE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

22-TR-078160

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:** **CARR, DAVID ANDREW**

Address: 18309 CYPRESS STAND CIR, TAMPA, FL 33647

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

DOB: 11/21/1989 **Gender:** Male **Race:** White

DL: FL-C600161894210

Alias:

Warrant:

Date of Offense: 05/11/2026 **Date of Arrest:** 05/12/2026

Charging Document Date: 5/13/2026

SOID: 01012417

In Custody: NO

Booking No: 2026-16130

Bond Out Date: 05/12/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CRANCE-CARR, HELENA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDY , DAVID CHRISTOPHER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

MOTION HEARING 10/8/2026 1:30:00 PM

PENDING CASES:

26-CT-007370

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:** **CARR, DAVID ANDREW**

Address: 18309 CYPRESS STAND CIR, TAMPA, FL 33647

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

DOB: 11/21/1989 **Gender:** Male **Race:** White

DL: FL-C600161894210

Alias:

Warrant:

Date of Offense: 05/11/2026 **Date of Arrest:** 05/12/2026

Charging Document Date: 5/12/2026

SOID: 01012417

In Custody: NO

Booking No: 2026-16130

Bond Out Date: 05/12/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CRANCE-CARR, HELENA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARDY , DAVID CHRISTOPHER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AN8ZC4E		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

DISPOSITION 10/8/2026 1:30:00 PM

PENDING CASES:

26-CT-007369

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: CARTAGENA, JOHN CARLOS**

Address: 7702 RIVER GATE DR APT.824, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/19/2000 **Gender:** Male **Race:** Unavailable

DL: FL-C238593926000

Alias:

Warrant:

Date of Offense: 04/24/2026 **Date of Arrest:**

Charging Document Date: 4/24/2026

SOID: 01003020

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** TYLER, ALEXANDER CHASE **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AMJWYNE	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: CARTER, JAMES EDWARD**

Address: 1322 OLD VILLAGE WAY, OLDSMAR, FL 34677

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** Black

DL: FL-C204242344000

Alias: CARTER, JAMES EDWARD, JR

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 00976448

In Custody: NO

Booking No: 2026-23233

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: HILLSBOROUGH COUNTY BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010217, 26-CT-011739

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: CARTER, JAMES EDWARD**

Address: 1322 OLD VILLAGE WAY, OLDSMAR, FL 34677

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** Black

DL: FL-C204242344000

Alias: CARTER, JAMES EDWARD, JR

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 00976448

In Custody: NO

Booking No: 2026-23233

Bond Out Date: 07/05/2026 **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** DEFENDER, PUBLIC **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	alqV4LE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010216, 26-CT-011739

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: CARTER, JAMES EDWARD**

Address: 1322 OLD VILLAGE WAY, OLDSMAR, FL 34677

Interpreter: Y N **Language:**

DOB: 8/30/1983 **Gender:** Male **Race:** Black

DL: FL-C204242344000

Alias: CARTER, JAMES EDWARD, JR

Warrant:

Date of Offense: 07/30/2026 **Date of Arrest:**

Charging Document Date: 8/4/2026

SOID: 00976448

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	ANPF3EE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010216, 26-CT-010217

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: CARTER, JOHNATHAN AARON**

Address: 4609 W LEONA ST, TAMPA, FL 33629

Interpreter: Y N **Language:**

DOB: 9/29/1994 **Gender:** Male **Race:** White

DL: FL-C226912864000

Alias: CARTER, JOHNATHAN; CARTER, JOHNATHAN AARON

Warrant:

Date of Offense: 07/11/2026 **Date of Arrest:** 07/11/2026

Charging Document Date: 7/12/2026

SOID: 00936275

In Custody: NO

Booking No: 2026-24006

Bond Out Date: 07/11/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CARTER, JOHNATHAN AARON

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BARD , JASON MERRITT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV54E	WPNG	

SPEED:

BAC LEVEL: 0.161

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-091032

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: CARTER, JOHNATHAN AARON**

Address: 4609 W LEONA ST, TAMPA, FL 33629

Interpreter: Y N **Language:**

DOB: 9/29/1994 **Gender:** Male **Race:** White

DL: FL-C226912864000

Alias: CARTER, JOHNATHAN; CARTER, JOHNATHAN AARON

Warrant:

Date of Offense: 07/11/2026 **Date of Arrest:**

Charging Document Date: 7/13/2026

SOID: 00936275

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	ANPDP8E	NG	

SPEED: 48

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010527

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: CARTWRIGHT, CULLEN LEE WILLIAM**

Address: 8512 RIVERVIEW DR, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 11/21/1989 **Gender:** Male **Race:** White

DL: FL-C636112894210

Alias: CARTWRIGHT, CULLEN; CARTWRIGHT, CULLEN L; CARTWRIGHT, CULLEN LEE

Warrant:

Date of Offense: 04/09/2026 **Date of Arrest:** 04/09/2026

Charging Document Date: 4/9/2026

SOID: 00630527

In Custody: NO

Booking No: 2026-11884

Bond Out Date: 04/09/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: NICKY'S RIVERVIEW BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DAVIS , JOSEPH MICHAEL **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AN8X8TE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

09-TR-258513, 09-TR-258525, 10-TR-193063, 26-CT-005630, 26-TR-053149

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: CARTWRIGHT, CULLEN LEE WILLIAM**

Address: 8512 RIVERVIEW DR, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 11/21/1989 **Gender:** Male **Race:** White

DL: FL-C636112894210

Alias: CARTWRIGHT, CULLEN; CARTWRIGHT, CULLEN L; CARTWRIGHT, CULLEN LEE

Warrant:

Date of Offense: 04/09/2026 **Date of Arrest:** 04/09/2026

Charging Document Date: 4/11/2026

SOID: 00630527

In Custody: NO

Booking No: 2026-11884

Bond Out Date: 04/09/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: NICKY'S RIVERVIEW BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DAVIS , JOSEPH MICHAEL **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AK9Z1GE	NG	

SPEED:

BAC LEVEL: 0.138

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

09-TR-258513, 09-TR-258525, 10-TR-193063, 26-CT-005629, 26-TR-053149

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: CARTWRIGHT, CULLEN LEE WILLIAM**

Address: 8512 RIVERVIEW DR, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 11/21/1989 **Gender:** Male **Race:** White

DL: FL-C636112894210

Alias: CARTWRIGHT, CULLEN; CARTWRIGHT, CULLEN L; CARTWRIGHT, CULLEN LEE

Warrant:

Date of Offense: 04/09/2026 **Date of Arrest:**

Charging Document Date: 4/10/2026

SOID: 00630527

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161936(2)(A) - 424 POSS OF OPEN CONT IN MV - DRVR	AN8X8UE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

09-TR-258513, 09-TR-258525, 10-TR-193063, 26-CT-005629, 26-CT-005630

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: CARVER, CHRISTOPHER BRADLEY**

Address: 209 ERIC CT, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 1/27/1962 **Gender:** Male **Race:** White

DL: FL-C616102620270

Alias:

Warrant:

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

Charging Document Date: 5/24/2026

SOID: 01012996

In Custody: NO

Booking No: 2026-17578

Bond Out Date: 05/28/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: WILLO'S BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FARIELLO , DOMINIC OCTAVIUS **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	A850IZE	WPNG	

SPEED:

BAC LEVEL: 0.168

☐ **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: CASAZZA, KEVIN**

Address: 8415 N DEXTER AVE, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 12/9/2002 **Gender:** Male **Race:** White

DL: FL-C241534990000

Alias: CASAZZA, KEVIN JAMES

Warrant:

Date of Offense: 05/09/2026 **Date of Arrest:** 05/10/2026

Charging Document Date: 5/11/2026

SOID: 01012328

In Custody: NO

Booking No: 2026-15876

Bond Out Date: 05/10/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: CASAZZA, KEVIN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MADDUX , MICHAEL P **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL: 0.194

☐ **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: CASKEY, CHRISTOPHER MASON**

Address: 2485 ORANGE HARVEST PL, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 4/22/2004 **Gender:** Male **Race:** White

DL: FL-C244133994000

Alias:

Warrant:

Date of Offense: 06/24/2026 **Date of Arrest:** 06/23/2026

Charging Document Date: 6/25/2026

SOID: 01014511, 1014511

In Custody: NO

Booking No: 2026-21766

Bond Out Date: 06/26/2026 **BNDADD**

Bond Type: ROR

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMZ3RME	WPNG	

SPEED:

BAC LEVEL: 0.990

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-085452, 26-TR-085456

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: CASKEY, CHRISTOPHER MASON**

Address: 2485 ORANGE HARVEST PL, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 4/22/2004 **Gender:** Male **Race:** White

DL: FL-C244133994000

Alias:

Warrant:

Date of Offense: 06/23/2026 **Date of Arrest:**

Charging Document Date: 6/24/2026

SOID: 01014511, 1014511

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2)(C) - 573 SPEED/RDWYS (NO SPEED IND)	AKYO1IE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-009644, 26-TR-085456

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: CASKEY, CHRISTOPHER MASON**

Address: 2485 ORANGE HARVEST PL, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 4/22/2004 **Gender:** Male **Race:** White

DL: FL-C244133994000

Alias:

Warrant:

Date of Offense: 06/23/2026 **Date of Arrest:**

Charging Document Date: 6/24/2026

SOID: 01014511, 1014511

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316089(3) - 332 FAIL TO USE DESIGNATED LN	AKYO1JE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-009644, 26-TR-085452

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: CASTELLANOS, MARCO ANTONIO**

Address: 7541 ABONADO RD, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 6/12/1971 **Gender:** Male **Race:** Hispanic

DL: FL-C234541712120

Alias: CASTELLANOS, MARCO A

Warrant:

Date of Offense: 04/27/2026 **Date of Arrest:**

Charging Document Date: 4/29/2026

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** SNYDER , DYLAN M **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322036 - 606 EXP DL MORE THAN 6 MOS	AN8YHBE	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: CASTILLO TERRAZAS, JOSE HERIBERTO**

Address: 140 E 145TH AVE, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 5/3/2002 **Gender:** Male **Race:** White

DL: FF-NOFLDL

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** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANUQX0E	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: CASTILLO TONCHES, JOEL**

Address: 1230 E 142ND AVE APT B, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 6/29/2008 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 03/09/2026 **Date of Arrest:**

Charging Document Date: 3/11/2026

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** GABBARD , WALTER DALE **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMX080E	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: CASTILLO, DAVID GABRIEL**

Address: 578 WALDEN CT, DUNEDIN, FL 34698

Interpreter: Y N **Language:**

DOB: 1/10/1986 **Gender:** Male **Race:** White

DL: FL-C239844866000

Alias:

Warrant:

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

Charging Document Date: 3/27/2026

SOID: 01010135

In Custody: NO

Booking No: 2026-10183

Bond Out Date: 03/27/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CASTILLO, DAVID GABRIEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AK9Z1LE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004915

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: CASTILLO, DAVID GABRIEL**

Address: 578 WALDEN CT, DUNEDIN, FL 34698

Interpreter: Y N **Language:**

DOB: 1/10/1986 **Gender:** Male **Race:** White

DL: FL-C239844866000

Alias:

Warrant:

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

Charging Document Date: 3/28/2026

SOID: 01010135

In Custody: NO

Booking No: 2026-10183

Bond Out Date: 03/27/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CASTILLO, DAVID GABRIEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AN8WD2E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004914

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: CASTRO LARA, LUIS ANGEL**

Address: 3721 CARROWAY ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/5/2008 **Gender:** Male **Race:** White

DL: FL-C633919399000

Alias: CASTRO LARA, LUIS

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	ANUR7NE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010271, 26-TR-088715

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: CASTRO LARA, LUIS ANGEL**

Address: 3721 CARROWAY ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/5/2008 **Gender:** Male **Race:** White

DL: FL-C633919399000

Alias: CASTRO LARA, LUIS

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANUR7OE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010269, 26-TR-088715

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: CASTRO LARA, LUIS ANGEL**

Address: 3721 CARROWAY ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 8/5/2008 **Gender:** Male **Race:** White

DL: FL-C633919399000

Alias: CASTRO LARA, LUIS

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	ANUR7ME	WPNG	

SPEED: 84

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010269, 26-CT-010271

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: CASTRO PORTELLES, MARCOS**

Address: 3015 W CHESTNUT ST APT A, TAMPA, FL 33607

Interpreter: Y N **Language:**

DOB: 9/27/1965 **Gender:** Male **Race:** Unavailable

DL: FL-C229297608000

Alias:

Warrant:

Date of Offense: 07/15/2026 **Date of Arrest:**

Charging Document Date: 7/17/2026

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** RUIZ, AMY **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	ANPE23E	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: CASWELL, BRAXTON CHASE**

Address: 221 SW FIRST AVE APT 3101, FORT LAUDERDALE, FL 33301

Interpreter: Y N **Language:**

DOB: 9/26/2004 **Gender:** Male **Race:** White

DL: MA-OOS

Alias:

Warrant:

Date of Offense: 03/28/2026 **Date of Arrest:** 03/28/2026

Charging Document Date: 3/29/2026

SOID: 01010204

In Custody: NO

Booking No: 2026-10333

Bond Out Date: 03/28/2026 **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** STECHSCHULTE , BENJAMIN RYAN **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6LWE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004989

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: CASWELL, BRAXTON CHASE**

Address: 221 SW FIRST AVE APT 3101, FORT LAUDERDALE, FL 33301

Interpreter: Y N **Language:**

DOB: 9/26/2004 **Gender:** Male **Race:** White

DL: MA-OOS

Alias:

Warrant:

Date of Offense: 03/28/2026 **Date of Arrest:** 03/28/2026

Charging Document Date: 3/28/2026

SOID: 01010204

In Custody: NO

Booking No: 2026-10333

Bond Out Date: 03/28/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: ORIENT ROAD BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** STECHSCHULTE , BENJAMIN RYAN **ACA** **ASA** COCKRELL , BROOKE ANN; CYNAMON, BENJAMIN CHARLES

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AMUI3RE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004988

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: CATANIA, JUSTIN NICHOLAS**

Address: 18139 PARADISE POINT DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 11/6/1984 **Gender:** Male **Race:** White

DL: FL-C350434844060

Alias: CATANIA, JUSTIN N

Warrant:

Date of Offense: 07/08/2026 **Date of Arrest:** 07/08/2026

Charging Document Date: 7/10/2026

SOID: 00928787

In Custody: NO

Booking No: 2026-23726

Bond Out Date: 07/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANPZL7E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010410, 26-TR-089925

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: CATANIA, JUSTIN NICHOLAS**

Address: 18139 PARADISE POINT DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 11/6/1984 **Gender:** Male **Race:** White

DL: FL-C350434844060

Alias: CATANIA, JUSTIN N

Warrant:

Date of Offense: 07/08/2026 **Date of Arrest:** 07/08/2026

Charging Document Date: 7/9/2026

SOID: 00928787

In Custody: NO

Booking No: 2026-23726

Bond Out Date: 07/10/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1)E - 646 REFUSE TO SUBMIT TO BAL TEST	ANUR9ME	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010409, 26-TR-089925

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: CATANIA, JUSTIN NICHOLAS**

Address: 18139 PARADISE POINT DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 11/6/1984 **Gender:** Male **Race:** White

DL: FL-C350434844060

Alias: CATANIA, JUSTIN N

Warrant:

Date of Offense: 07/08/2026 **Date of Arrest:**

Charging Document Date: 7/9/2026

SOID: 00928787

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:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2)(B) - 575 SPEED/65 HWY/TURNPIKE (REQ SPEED)	ANUR9LE	WPNG	

SPEED: 80

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010409, 26-CT-010410

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: CHAMBERS, MARC A**

Address: 10719 CORY LAKE DR, TAMPA, FL 33647

Interpreter: Y N **Language:**

DOB: 8/22/1971 **Gender:** Male **Race:** Black

DL: FL-C215077774000

Alias: CHAMBERS, MARC C

Warrant:

Date of Offense: 06/03/2026 **Date of Arrest:** 06/03/2026

Charging Document Date: 6/4/2026

SOID: 01013509, 1013509

In Custody: NO

Booking No: 2026-19050

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

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: CHAMBERS, MARC C

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRIEDLANDER , DANA ALLYN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

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

SPEED:

BAC LEVEL: 0.330

☐ **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: CHAMBERS, RICKY BENNETT J**

Address: 10317 WINE PRESS AVE, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 5/18/1989 **Gender:** Male **Race:** Black

DL: FL-C516722891780

Alias:

Warrant:

Date of Offense: 07/02/2026 **Date of Arrest:**

Charging Document Date: 7/3/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	ANUQP7E	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: CHANTHAVONG, DAR**

Address: 1709 W COUNTRY CLUB DR, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 10/31/1979 **Gender:** Male **Race:** Asian

DL: FL-C328779290000

Alias:

Warrant:

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

Charging Document Date: 4/26/2026

SOID: 01010126

In Custody: NO

Booking No: 2026-13980

Bond Out Date: 04/26/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CHANTHAVONG, DAR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BUDA , ROBERT ANDREW; ADUE , JULIENNE **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A2VEDXE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006536

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: CHANTHAVONG, DAR**

Address: 1709 W COUNTRY CLUB DR, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 10/31/1979 **Gender:** Male **Race:** Asian

DL: FL-C328779290000

Alias:

Warrant:

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

Charging Document Date: 4/26/2026

SOID: 01010126

In Custody: NO

Booking No: 2026-13980

Bond Out Date: 04/26/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CHANTHAVONG, DAR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BUDA , ROBERT ANDREW **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AMX2CNE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006535

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: CHAVEZ, PALOMA BLANCA**

Address: 12304 BIG BEND RD, RIVERVIEW, FL 33579

Interpreter: Y N **Language:**

DOB: 10/3/1995 **Gender:** Female **Race:** White

DL: FL-C231074584000

Alias:

Warrant:

Date of Offense: 07/02/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** DEFENDER, PUBLIC **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: WILLIAMS, WOODROW WILBUR **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(B) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 2ND CONV	ANJXTME	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: CHERRY, JOSEPH DWAYNE**

Address: 3224 SUMMER GREEN CT, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 5/31/1979 **Gender:** Male **Race:** Black

DL: FL-C642055601000

Alias:

Warrant:

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

Charging Document Date: 4/21/2026

SOID: 01016729

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** SULTE , RYAN PENDLETON **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008896

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: CHERRY, JOSEPH DWAYNE**

Address: 3224 SUMMER GREEN CT, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 5/31/1979 **Gender:** Male **Race:** Black

DL: FL-C642055601000

Alias:

Warrant:

Date of Offense: 05/27/2026 **Date of Arrest:** 08/10/2026, 09/09/2026

Charging Document Date: 6/11/2026

SOID: 01016729

In Custody: NO

Booking No: 2026-27819, 2026-31760

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: ARRAIGNMENT AT 9:00:00 AM **HEARING COMMENTS:** HEAR W/DISPO #26-CT-6286

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006286

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: CHILDS, DARREN LEEAARON TAIKUR**

Address: 2109 W WALNUT ST, TAMPA, FL 33607

Interpreter: Y N **Language:**

DOB: 10/9/1993 **Gender:** Male **Race:** Black

DL: FL-C226855114000

Alias: CHILDS, DARREN LEEAARON; CHILDS, DARREN LEEAARONTAIKUR; CHILDS, DARREN LEEARON

Warrant:

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

Charging Document Date: 5/25/2026

SOID: 01012998

In Custody: NO

Booking No: 2026-17594

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

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CHILDS, DARREN LEEAARON TAIKUR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 657 DUI - DRIV UND THE INFLUENCE (BICY)	ALQUZVE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007908, 26-TR-071197

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: CHILDS, DARREN LEEAARON TAIKUR**

Address: 2109 W WALNUT ST, TAMPA, FL 33607

Interpreter: Y N **Language:**

DOB: 10/9/1993 **Gender:** Male **Race:** Black

DL: FL-C226855114000

Alias: CHILDS, DARREN LEEAARON; CHILDS, DARREN LEEAARONTAIKUR; CHILDS, DARREN LEEARON

Warrant:

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

Charging Document Date: 5/24/2026

SOID: 01012998

In Custody: NO

Booking No: 2026-17594

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

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CHILDS, DARREN LEEAARON TAIKUR

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN90ABE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007907, 26-TR-071197

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: CHILDS, DARREN LEEAARON TAIKUR**

Address: 2109 W WALNUT ST, TAMPA, FL 33607

Interpreter: Y N **Language:**

DOB: 10/9/1993 **Gender:** Male **Race:** Black

DL: FL-C226855114000

Alias: CHILDS, DARREN LEEAARON; CHILDS, DARREN LEEAARONTAIKUR; CHILDS, DARREN LEEARON

Warrant:

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

Charging Document Date: 5/25/2026

SOID: 01012998

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: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316075(1)C1 - 545 FAIL TO STOP AT STEADY RED SIG	AN90ACE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007907, 26-CT-007908

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: CHIRINO GUERRA, LUIS**

Address: 2604 LORRAINE ST, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 9/26/1998 **Gender:** Male **Race:** White

DL: FL-C628153205000

Alias: CHIRINO GUERRA, LUIS MIGUEL

Warrant:

Date of Offense: 04/26/2026 **Date of Arrest:** 04/26/2026

Charging Document Date: 4/26/2026

SOID: 01011597

In Custody: NO

Booking No: 2026-14005

Bond Out Date: 04/26/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GUERRA, LUIS

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316191(2) - 571 UNLAWFUL RACING ON HIGHWAY	AN2L73E	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: CID BARAHONA, MAIKEL**

Address: 10526 STANDING STONE DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 10/28/1980 **Gender:** Male **Race:** Hispanic

DL: FL-C316540803880

Alias:

Warrant:

Date of Offense: 03/29/2026 **Date of Arrest:** 03/29/2026

Charging Document Date: 3/29/2026

SOID: 01010254

In Custody: NO

Booking No: 2026-10469

Bond Out Date: 03/29/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CID BARAHONA, MAIKEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AMUI67E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005035, 26-TR-049635, 26-TR-049636

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: CID BARAHONA, MAIKEL**

Address: 10526 STANDING STONE DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 10/28/1980 **Gender:** Male **Race:** Hispanic

DL: FL-C316540803880

Alias:

Warrant:

Date of Offense: 03/29/2026 **Date of Arrest:** 03/29/2026

Charging Document Date: 3/30/2026

SOID: 01010254

In Custody: NO

Booking No: 2026-10469

Bond Out Date: 03/29/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: CID BARAHONA, MAIKEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6M8E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005034, 26-TR-049635, 26-TR-049636

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: CID BARAHONA, MAIKEL**

Address: 10526 STANDING STONE DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 10/28/1980 **Gender:** Male **Race:** Hispanic

DL: FL-C316540803880

Alias:

Warrant:

Date of Offense: 03/29/2026 **Date of Arrest:**

Charging Document Date: 3/30/2026

SOID: 01010254

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316217 - 436 HEADLIGHTS DRIVING W/O (TWILIGHT TO SUNRISE, SMOKE/RAIN/FOG)	AMUI64E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005034, 26-CT-005035, 26-TR-049636

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: CID BARAHONA, MAIKEL**

Address: 10526 STANDING STONE DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 10/28/1980 **Gender:** Male **Race:** Hispanic

DL: FL-C316540803880

Alias:

Warrant:

Date of Offense: 03/29/2026 **Date of Arrest:**

Charging Document Date: 3/30/2026

SOID: 01010254

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 543 FAIL TO STOP AT TRAF SIG/RED LT	AMUI66E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005034, 26-CT-005035, 26-TR-049635

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: CINTRON, MICHAEL JASON**

Address: 7004 BAYWOOD CT, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 9/23/1987 **Gender:** Male **Race:** White

DL: FL-C208585017000

Alias: CINTRON, MICHAEL J

Warrant:

Date of Offense: 07/15/2026 **Date of Arrest:**

Charging Document Date: 7/16/2026

SOID: 00891080

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** LAW , JOSHUA A **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	ANUS0QE	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: CLINE, RACHEL ELIZABETH**

Address: 7336 BARHAM HOLLOW DR, WAKE FOREST, NC 27587
Interpreter: Y N **Language:**
DOB: 3/22/2003 **Gender:** Female **Race:** White
DL: FL-C450725036020
Alias:

Warrant:
Date of Offense: 04/14/2026 **Date of Arrest:** 04/14/2026
Charging Document Date: 4/16/2026
SOID: 01011033
In Custody: NO
Booking No: 2026-12518

Bond Out Date: 04/15/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $150.00
Bond Company:
Cash Bond Depositor: ARNOLD, ALEXANDER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FINKELSTEIN , JENNA CYRA **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN8XARE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-005957

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: CLINE, RACHEL ELIZABETH**

Address: 7336 BARHAM HOLLOW DR, WAKE FOREST, NC 27587

Interpreter: Y N **Language:**

DOB: 3/22/2003 **Gender:** Female **Race:** White

DL: FL-C450725036020

Alias:

Warrant:

Date of Offense: 04/14/2026 **Date of Arrest:** 04/14/2026

Charging Document Date: 4/16/2026

SOID: 01011033

In Custody: NO

Booking No: 2026-12518

Bond Out Date: 04/15/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: ARNOLD, ALEXANDER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FINKELSTEIN , JENNA CYRA **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005956

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: CLOPTON, KHADIJAH DERALYN**

Address: 6409 N 43RD ST APT A, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 3/8/1982 **Gender:** Female **Race:** Black

DL: FL-C413504825880

Alias:

Warrant:

Date of Offense: 07/17/2025 **Date of Arrest:** 07/17/2025, 08/28/2025, 03/23/2026

Charging Document Date: 7/17/2025

SOID: 00526393

In Custody: NO

Booking No: 2025-24537, 2026-17203

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** CARDINALE, CODY JAMES **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:00:00 AM **HEARING COMMENTS:** TRDP REJECTION

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(B) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 2ND CONV	ALSNM6E	NG	NONE

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

24-TR-069467

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: COLLAZO, MAXIMO**

Address: 128 WINSTON MANOR CIR, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 5/29/1975 **Gender:** Male **Race:** Hispanic

DL: FL-C215397966000

Alias: COLLAZO, MAXIMO M; COLLAZO, MAXIMO MANUEL

Warrant:

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

Charging Document Date: 6/8/2026

SOID: 00851499

In Custody: NO

Booking No: 2026-19498

Bond Out Date: 06/07/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: AARON'S BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SCHOEB , MARIE SARTIANO **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS:

ISSUING AGENCY: FHP

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	A77RC4E	WPNG	

SPEED:

BAC LEVEL: 0.093

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-079431

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: COLLAZO, MAXIMO MANUEL**

Address: 128 WINSTON MANOR CIR, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 5/29/1975 **Gender:** Male **Race:** Hispanic

DL: FL-C215397966000

Alias: COLLAZO, MAXIMO; COLLAZO, MAXIMO M

Warrant:

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

Charging Document Date: 6/17/2026

SOID: 00851499

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** SCHOEB , MARIE SARTIANO **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161925(1) - 455 CARELESS DRIVING	AN3DLUE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008537

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: COLLINS-CARRION, DIOVANNI OLYSSES**

Address: 1101 RAY CHARLES BLVD, APT 2214, TAMPA, FL 33602

Interpreter: Y N **Language:**

DOB: 6/25/2001 **Gender:** Male **Race:** Hispanic

DL: FL-C452174012250

Alias: COLLINS CARRION, DIOVANNI O; COLLINS-CARRION, DIOVANNI O

Warrant:

Date of Offense: 03/19/2026 **Date of Arrest:** 09/06/2026

Charging Document Date: 3/20/2026

SOID: 01009718

In Custody: NO

Booking No: 2026-31457

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** BUSH , LONDON RENEE

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AMX1PGE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

23-TR-089841, 23-TR-114867, 26-CT-013658, 26-TR-114945

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: CONNELLY, CHRISTINE MARGARET**

Address: 1458 THOMASVILLE CIR, LAKELAND, FL 33811

Interpreter: Y N **Language:**

DOB: 2/27/1992 **Gender:** Female **Race:** White

DL: FL-C540113925670

Alias:

Warrant:

Date of Offense: 04/18/2026 **Date of Arrest:** 04/18/2026

Charging Document Date: 4/19/2026

SOID: 01011215

In Custody: NO

Booking No: 2026-12990

Bond Out Date: 04/18/2026 **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** SCHOEB , MARIE SARTIANO **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6OGE	WPNG	

SPEED:

BAC LEVEL: 0.140

☐ **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: CONTRERAS, JUAN STERLING**

Address: 2555 WOODBERRY CIR, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/15/1986 **Gender:** Male **Race:** Hispanic

DL: FL-C214891719000

Alias: CONTRERAS, JUAN; CONTRERAS, JUAN S; CONTRERAS, JUAN STEELING; CONTRERAS, JUAN STERLIN; MERCEDES, SHERMAN

Warrant:

Date of Offense: 04/12/2026 **Date of Arrest:**

Charging Document Date: 4/13/2026

SOID: 00610913

In Custody: NO

Booking No: 2026-12206

Bond Out Date: 04/12/2026, 04/29/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $2,500.00; $500.00

Bond Company: ARMANDO ARCOS BAIL BONDS, INC.; SAVORELLI AND QUILES BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SULTE , RYAN PENDLETON **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AMX055E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007013, 26-TR-054226, 26-TR-057606, 26-TR-121069

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: CONTRERAS, JUAN STERLING**

Address: 2555 WOODBERRY CIR, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/15/1986 **Gender:** Male **Race:** Hispanic

DL: FL-C214891719000

Alias: CONTRERAS, JUAN; CONTRERAS, JUAN S; CONTRERAS, JUAN STEELING; CONTRERAS, JUAN STERLIN; MERCEDES, SHERMAN

Warrant:

Date of Offense: 04/19/2026 **Date of Arrest:**

Charging Document Date: 4/20/2026

SOID: 00610913

In Custody: NO

Booking No: 2026-13134

Bond Out Date: 04/29/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $2,500.00

Bond Company: SAVORELLI AND QUILES BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SULTE , RYAN PENDLETON **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AN8XX4E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006363, 26-TR-054226, 26-TR-057606, 26-TR-121069

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: CONTRERAS, JUAN STERLING**

Address: 2555 WOODBERRY CIR, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/15/1986 **Gender:** Male **Race:** Hispanic

DL: FL-C214891719000

Alias: CONTRERAS, JUAN; CONTRERAS, JUAN S; CONTRERAS, JUAN STEELING; CONTRERAS, JUAN STERLIN; MERCEDES, SHERMAN

Warrant:

Date of Offense: 04/12/2026 **Date of Arrest:**

Charging Document Date: 4/13/2026

SOID: 00610913

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** SULTE , RYAN PENDLETON **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316614(4)(B) - 407 DRIVER NOT BELTED - TO BE CITED	AMX057E		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006363, 26-CT-007013, 26-TR-057606, 26-TR-121069

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: CONTRERAS, JUAN STERLING**

Address: 2555 WOODBERRY CIR, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 8/15/1986 **Gender:** Male **Race:** Hispanic

DL: FL-C214891719000

Alias: CONTRERAS, JUAN; CONTRERAS, JUAN S; CONTRERAS, JUAN STEELING; CONTRERAS, JUAN STERLIN; MERCEDES, SHERMAN

Warrant:

Date of Offense: 04/19/2026 **Date of Arrest:**

Charging Document Date: 4/20/2026

SOID: 00610913

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** SULTE , RYAN PENDLETON **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(5) - 585 IMPEDING TRAFFIC	AN8XX2E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006363, 26-CT-007013, 26-TR-054226, 26-TR-121069

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: COONEY, MICHAEL BRANDON**

Address: 8707 SHELDON CREEK BL, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 3/17/2005 **Gender:** Male **Race:** White

DL: FL-C500542050970

Alias:

Warrant:

Date of Offense: 06/08/2026 **Date of Arrest:** 06/08/2026

Charging Document Date: 6/9/2026

SOID: 01013716, 1013716

In Custody: NO

Booking No: 2026-19621

Bond Out Date: 06/08/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: COONEY, MICHAELA

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

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	ALQV1ME	NG	

SPEED:

BAC LEVEL: 0.156

☐ **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: CORDERO SALINA, VICTOR JESUS**

Address: 9404 HILLPORT CT, TAMPA, FL 33615

Interpreter: Y N **Language:**

DOB: 4/1/1998 **Gender:** Male **Race:** White

DL: FL-C232798582000

Alias:

Warrant:

Date of Offense: 06/03/2026 **Date of Arrest:**

Charging Document Date: 6/8/2026

SOID: 00898614

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** WEED , DIRK ROBERT **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	ANNLRME	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: CORDOVA, FABIAN**

Address: 1385 EWELL RD, LAKELAND, FL 33811

Interpreter: Y N **Language:**

DOB: 7/3/2008 **Gender:** Male **Race:** White

DL: FL-C619714723000

Alias:

Warrant:

Date of Offense: 07/11/2026 **Date of Arrest:** 07/11/2026

Charging Document Date: 7/11/2026

SOID: 01015343

In Custody: NO

Booking No: 2026-24075

Bond Out Date: 07/11/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CORDOVA, ISRAEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	ANURU7E	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:** **CORNELIUS, JOANN**

Address: 3115 W EL PRADO BLVD, TAMPA, FL 33629

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

DOB: 2/17/1955 **Gender:** Female **Race:** White

DL: FL-C654420555570

Alias:

Warrant:

Date of Offense: 03/12/2026 **Date of Arrest:** 03/12/2026

Charging Document Date: 3/14/2026

SOID: 01009403

In Custody: NO

Booking No: 2026-8362

Bond Out Date: 03/14/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: COSTELLO, JESSICA THOMPSON

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HOBBS , WALTER O; DEFENDER, PUBLIC **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS: IP

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6JXE	NG	

SPEED:

BAC LEVEL: 0.138

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-042987

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: CORNELIUS, JOANN**

Address: 3115 W EL PRADO BLVD, TAMPA, FL 33629
Interpreter: Y N **Language:**
DOB: 2/17/1955 **Gender:** Female **Race:** White
DL: FL-C654420555570
Alias:

Warrant:
Date of Offense: 03/12/2026 **Date of Arrest:**
Charging Document Date: 3/15/2026
SOID: 01009403
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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316089(1) - 332 FAIL TO DRIVE IN SINGLE LN	AMUH2YE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004129

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: CORONA-MENDOZA, HECTOR**

Address: 2266 NORMAN DR, CLEARWATER, FL 33765

Interpreter: Y N **Language:**

DOB: 10/20/2004 **Gender:** Male **Race:** White

DL: FL-C655320043800

Alias:

Warrant:

Date of Offense: 03/28/2026 **Date of Arrest:** 03/28/2026

Charging Document Date: 3/30/2026

SOID: 01010227

In Custody: NO

Booking No: 2026-10424

Bond Out Date: 03/31/2026 **BNDADD**

Bond Type: ROR

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WESTMORELAND , CHRISTOPHER HASKINS **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AMZ3OAE	WPNG	

SPEED:

BAC LEVEL: 0.168

☐ **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: CORONA-MORO, ALBERTO**

Address: 1352 WOODBINE STREET, CLEARWATER, FL 33755

Interpreter: Y N **Language:**

DOB: 9/13/2005 **Gender:** Male **Race:** White

DL: FL-C604085683000

Alias:

Warrant:

Date of Offense: 05/02/2026 **Date of Arrest:** 05/02/2026

Charging Document Date: 5/4/2026

SOID: 01011928

In Custody: NO

Booking No: 2026-14910

Bond Out Date: 05/03/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: VEGAMORO, IVETTE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BOARDMAN , DAVID SCOTT **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL: 0.178

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-062336

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: CORONA-MORO, ALBERTO**

Address: 1352 WOODBINE STREET, CLEARWATER, FL 33755

Interpreter: Y N **Language:**

DOB: 9/13/2005 **Gender:** Male **Race:** White

DL: FL-C604085683000

Alias:

Warrant:

Date of Offense: 05/02/2026 **Date of Arrest:**

Charging Document Date: 5/4/2026

SOID: 01011928

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** BOARDMAN , DAVID SCOTT **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316123(2)a - 537 RAN STOP SIGN	AN8YRJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006873

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: COSTANZO, MARY MICHELLE**

Address: 2021 N LEMANS BLVD UNIT 4301, TAMPA, FL 33607
Interpreter: Y N **Language:**
DOB: 3/31/1995 **Gender:** Female **Race:** White
DL: FL-C227693480000
Alias:

Warrant:
Date of Offense: 01/09/2026 **Date of Arrest:**
Charging Document Date: 1/12/2026
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** OROPESA , HAYDEE C **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AMEMWXE	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: COSTLOW, JACKSON PAUL**

Address: 15929 GOLDEN LAKES DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 5/5/1998 **Gender:** Male **Race:** White

DL: FL-C232822554000

Alias:

Warrant:

Date of Offense: 05/12/2026 **Date of Arrest:** 05/12/2026

Charging Document Date: 5/13/2026

SOID: 00929849

In Custody: NO

Booking No: 2026-16134

Bond Out Date: 05/12/2026 **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** STECHSCHULTE , BENJAMIN RYAN **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

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

SPEED:

BAC LEVEL: 0.189

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-060208, 26-TR-067011, 26-TR-083426

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: COSTLOW, JACKSON PAUL**

Address: 15929 GOLDEN LAKES DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 5/5/1998 **Gender:** Male **Race:** White

DL: FL-C232822554000

Alias:

Warrant:

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

Charging Document Date: 4/27/2026

SOID: 00929849

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316189(1) - 575 VIOL MUNI SPEED/POST (REQ SPEED)	AN8YCWE	NG	

SPEED: 71

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007373, 26-TR-067011, 26-TR-083426

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: COSTLOW, JACKSON PAUL**

Address: 15929 GOLDEN LAKES DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 5/5/1998 **Gender:** Male **Race:** White

DL: FL-C232822554000

Alias:

Warrant:

Date of Offense: 05/12/2026 **Date of Arrest:**

Charging Document Date: 5/13/2026

SOID: 00929849

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** STECHSCHULTE , BENJAMIN RYAN **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AN8ZC5E	WPNG	

SPEED: 50

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007373, 26-TR-060208, 26-TR-083426

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: COTIY TZEP, EDGAR**

Address: 2026 18TH AVE SE, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 5/20/1985 **Gender:** Male **Race:** White

DL: FL-C332200851800

Alias:

Warrant:

Date of Offense: 07/14/2026 **Date of Arrest:** 07/14/2026

Charging Document Date: 7/14/2026

SOID: 01015479

In Custody: NO

Booking No: 2026-24443

Bond Out Date: 07/17/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: TORRES, DAYANARA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RUIZ, AMY **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANUS0FE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-091717

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: COTIY TZEP, EDGAR**

Address: 2026 18TH AVE SE, RUSKIN, FL 33570

Interpreter: Y N **Language:**

DOB: 5/20/1985 **Gender:** Male **Race:** White

DL: FL-C332200851800

Alias:

Warrant:

Date of Offense: 07/14/2026 **Date of Arrest:**

Charging Document Date: 7/15/2026

SOID: 01015479

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2)(C) - 575 SPEED/RDWYS (REQ SPEED)	ANUS0GE	NG	

SPEED: 76

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010725

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: COTTEN, YAZMINE RAHJAHNAI**

Address: 3601 N 21ST ST UNIT A, TAMPA, FL 33605

Interpreter: Y N **Language:**

DOB: 9/1/2000 **Gender:** Female **Race:** Black

DL: FL-C350976008210

Alias:

Warrant:

Date of Offense: 07/01/2026 **Date of Arrest:**

Charging Document Date: 7/2/2026

SOID: 00932262

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** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322031 - 634 NO DL - NEVER HAD ONE ISSUED	AK3QBUE	NOCO	

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: COURIALIS, EIRENE OLGA**

Address: 8702 HIDDEN RIVER PWY UNIT 311, TAMPA, FL 33637

Interpreter: Y N **Language:**

DOB: 11/1/2001 **Gender:** Female **Race:** White

DL: FL-C240415154000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 01015011

In Custody: NO

Booking No: 2026-23225

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: ROCHE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** AMEEN , MUSTAFA MOHAMMED **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A77RRUE	WPNG	

SPEED:

BAC LEVEL: 0.162

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-089072, 26-TR-089113

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: COURIALIS, EIRENE OLGA**

Address: 8702 HIDDEN RIVER PWY UNIT 311, TAMPA, FL 33637

Interpreter: Y N **Language:**

DOB: 11/1/2001 **Gender:** Female **Race:** White

DL: FL-C240415154000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 01015011

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** AMEEN , MUSTAFA MOHAMMED **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316089(1) - 332 FAIL TO DRIVE IN SINGLE LN	ANJLPRE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010206, 26-TR-089113

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: COURIALIS, EIRENE OLGA**

Address: 8702 HIDDEN RIVER PWY UNIT 311, TAMPA, FL 33637

Interpreter: Y N **Language:**

DOB: 11/1/2001 **Gender:** Female **Race:** White

DL: FL-C240415154000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 01015011

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** AMEEN , MUSTAFA MOHAMMED **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(1) - 575 SPEEDING STATE POST (REQ SPEED)	ANJLPQE	WPNG	

SPEED: 74

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010206, 26-TR-089072

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: COUVERTIER, ADRIEL LUIS**

Address: 1203 19TH ST CT E, BRADENTON, FL 34208

Interpreter: Y N **Language:**

DOB: 3/1/2005 **Gender:** Male **Race:** White

DL: FL-C163012050810

Alias:

Warrant:

Date of Offense: 06/15/2025 **Date of Arrest:** 06/15/2025, 06/03/2026

Charging Document Date: 9/24/2025

SOID: 01013581

In Custody: NO

Booking No: 2026-19248

Bond Out Date: 06/17/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: FRANK CUETO BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SULTE , RYAN PENDLETON **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TRSAO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AM3ELCE	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: CRAMER, COLE ROBERT**

Address: 2640 HOLIDAY LODGE LN, PHELPS, WI 54554
Interpreter: Y N **Language:**
DOB: 2/2/2001 **Gender:** Male **Race:** White
DL: WI-OOS
Alias:

Warrant:
Date of Offense: 06/13/2026 **Date of Arrest:** 06/13/2026
Charging Document Date: 6/15/2026
SOID: 01013984
In Custody: NO
Booking No: 2026-20426

Bond Out Date: 06/14/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: CRAMER, COLE ROBERT

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SMITH , ROXANNA SOLIS **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV22E	WPNG	

SPEED:

BAC LEVEL: 0.148

☐ **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: CRAWFORD, AMERIA LARYN**

Address: 1808 5TH AVE W, PALMETTO, FL 34221

Interpreter: Y N **Language:**

DOB: 4/23/2007 **Gender:** Female **Race:** Black

DL: FL-C607073847000

Alias:

Warrant:

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

Charging Document Date: 5/24/2026

SOID: 01012968

In Custody: NO

Booking No: 2026-17503

Bond Out Date: 05/23/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: I.T. BAIL BOND CO.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** GROGAN , TIMOTHY MARK **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A77R8KE	WPNG	

SPEED:

BAC LEVEL: 0.082

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008035

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: CRAWFORD, AMERIA LARYN**

Address: 1808 5TH AVE W, PALMETTO, FL 34221

Interpreter: Y N **Language:**

DOB: 4/23/2007 **Gender:** Female **Race:** Black

DL: FL-C607073847000

Alias:

Warrant:

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

Charging Document Date: 5/25/2026

SOID: 01012968

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** GROGAN , TIMOTHY MARK **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221A - 668 OPERATE VEHICLE EXCEED SPEED LIMIT 50+ MPH	AN29IJE	WPNG	

SPEED: 129

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007882

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: CRESCENCIO RODRIGUEZ, LUIS MANUEL**

Address: 15176 FORT ISLAND PL, SUN CITY CENTER, FL 33573

Interpreter: Y N **Language:**

DOB: 7/18/2002 **Gender:** Male **Race:** White

DL: FL-C623354659000

Alias:

Warrant:

Date of Offense: 07/20/2026 **Date of Arrest:** 07/20/2026

Charging Document Date: 7/20/2026

SOID: 01015762, 1015762

In Custody: NO

Booking No: 2026-25153

Bond Out Date: 07/20/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: HUESCA, SARA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANUQT3E	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: CRIBBS, DESTINEE FAYE**

Address: 19213 BROWN RD, LUTZ, FL 33559
Interpreter: Y N **Language:**
DOB: 5/21/2008 **Gender:** Female **Race:** White
DL: FL-C618721403000
Alias:

Warrant:
Date of Offense: 04/22/2025 **Date of Arrest:**
Charging Document Date: 10/16/2025
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** DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ5JME	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: CRITTENDEN, ANGELA KAY**

Address: 12014 EMERY OAK LOOP, THONOTOSASSA, FL 33592

Interpreter: Y N **Language:**

DOB: 2/16/1982 **Gender:** Female **Race:** White

DL: FL-C635011825560

Alias:

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:** 07/04/2026

Charging Document Date: 7/6/2026

SOID: 01014990

In Custody: NO

Booking No: 2026-23180

Bond Out Date: 07/05/2026 **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** DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBOF9E	NG	

SPEED:

BAC LEVEL: 0.207

☐ **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: CRUZ TAMAYO, JOSE ONIEL**

Address: 1314 W HUMPHREY ST, TAMPA, FL 33604

Interpreter: Y N **Language:**

DOB: 7/2/1993 **Gender:** Male **Race:** White

DL: FL-C620966053000

Alias:

Warrant:

Date of Offense: 05/07/2026 **Date of Arrest:** 05/07/2026

Charging Document Date: 5/8/2026

SOID: 01012170

In Custody: NO

Booking No: 2026-15462

Bond Out Date: 05/07/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CRUZ TAMAYO, JOSE ONIEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WARD , SAMANTHA LEE **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBOA0E	WPNG	

SPEED:

BAC LEVEL: 0.111

☐ **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: CRUZ, JESSICA JAZMINE**

Address: 1214 E SENENCA APT B, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 10/3/1995 **Gender:** Female **Race:** Black

DL: FL-C244590488000

Alias:

Warrant:

Date of Offense: 07/03/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 00885031

In Custody: NO

Booking No:

Bond Out Date: 08/12/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1.00

Bond Company:

Cash Bond Depositor: WESTLEY SR, LARRY JEROME

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TYLER, ALEXANDER CHASE; DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322031 - 634 NO DL - NEVER HAD ONE ISSUED	ANPD9YE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010731

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: CRUZ, JESSICA JAZMINE**

Address: 1214 E SENENCA APT B, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 10/3/1995 **Gender:** Female **Race:** Black

DL: FL-C244590488000

Alias:

Warrant:

Date of Offense: 07/14/2026 **Date of Arrest:** 07/14/2026

Charging Document Date: 7/14/2026

SOID: 00885031

In Custody: NO

Booking No: 2026-24466

Bond Out Date: 08/12/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: WESTLEY SR, LARRY JEROME

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TYLER, ALEXANDER CHASE; DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: TTPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN9U01E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010097

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: CRUZ, JOSE RAMON**

Address: 718 SUNLIT CT, BRANDON, FL 33511
Interpreter: Y N **Language:**
DOB: 6/9/1971 **Gender:** Male **Race:** White
DL: FL-C223805326000
Alias: CRUZ, JOSE

Warrant:
Date of Offense: 04/19/2026 **Date of Arrest:** 04/20/2026
Charging Document Date: 4/21/2026
SOID: 00806105
In Custody: NO
Booking No: 2026-13203

Bond Out Date: 04/20/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $150.00
Bond Company:
Cash Bond Depositor: CRUZ, JOSE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	AN8X1YE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-006158

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: CRUZ, JOSE RAMON**

Address: 718 SUNLIT CT, BRANDON, FL 33511
Interpreter: Y N **Language:**
DOB: 6/9/1971 **Gender:** Male **Race:** White
DL: FL-C223805326000
Alias: CRUZ, JOSE

Warrant:
Date of Offense: 04/19/2026 **Date of Arrest:** 04/20/2026
Charging Document Date: 4/21/2026
SOID: 00806105
In Custody: NO
Booking No: 2026-13203

Bond Out Date: 04/20/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: CRUZ, JOSE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(2)A - 647 DUI ALCOH/DRUGS - 1ST OFF - FINE	ANBO24E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-006157

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: CRUZ, MARCUS OLIVER**

Address: 117 E 145TH AVE APT A, TAMPA, FL 33613

Interpreter: Y N **Language:**

DOB: 6/26/1996 **Gender:** Male **Race:** Black

DL: CT-188948267

Alias:

Warrant:

Date of Offense: 09/15/2025 **Date of Arrest:**

Charging Document Date: 9/16/2025

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** TYLER, ALEXANDER CHASE; DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** FHP

SET FOR: DISPOSITION AT 9:00:00 AM **HEARING COMMENTS:** TRDP REJECTION

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ALMKF7E	NG	NONE

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-054386

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: CRUZADO, RITCHIE**

Address: 10924 JOHANNA AVE, RIVERVIEW, FL 33578
Interpreter: Y N **Language:**
DOB: 5/31/1997 **Gender:** Male **Race:** White
DL: FL-C615746097000
Alias: CRUZADO, RITCHIE

Warrant:
Date of Offense: 02/23/2026 **Date of Arrest:** 02/23/2026
Charging Document Date: 2/24/2026
SOID: 01008495
In Custody: NO
Booking No: 2026-6163

Bond Out Date: 02/23/2026 **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** WILCOX , ELLIOTT ALBERT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	A0FQ2FE	WPNG	

SPEED:

BAC LEVEL: 0.181

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-TR-075738, 26-TR-083044

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: CULPEPPER, GABRIEL MICHELLE**

Address: 15401 TELFORD SPRING DR, RUSKIN, FL 33573

Interpreter: Y N **Language:**

DOB: 5/4/1995 **Gender:** Female **Race:** Hispanic

DL: FL-C411293956640

Alias:

Warrant:

Date of Offense: 07/03/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	ANUR1GE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-100755

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: CUMMINGS, MICHAEL ANTHONY**

Address: 8911 SANDY PLAINS DR, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/11/1985 **Gender:** Male **Race:** Black

DL: FL-C203357141000

Alias: CUMMINGS, MICHAEL A

Warrant:

Date of Offense: 04/21/2026 **Date of Arrest:**

Charging Document Date: 7/20/2026

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** TRAYNER , ALBERT L **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 318 LV SCENE W/O GIVING INFO $50 OR LESS	ANELT0E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-114567

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: CUNAGIN, MICHAELA MICHELLE**

Address: 1460 ALBERTA DR, HAMILTON, OH 45013

Interpreter: Y N **Language:**

DOB: 12/5/1997 **Gender:** Female **Race:** White

DL: OH-OOS

Alias:

Warrant:

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

Charging Document Date: 6/14/2026

SOID: 01013948

In Custody: NO

Booking No: 2026-20313

Bond Out Date: 06/13/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: MURPHY, MICHAEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AN91VJE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008781

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: CUNAGIN, MICHAELA MICHELLE**

Address: 1460 ALBERTA DR, HAMILTON, OH 45013

Interpreter: Y N **Language:**

DOB: 12/5/1997 **Gender:** Female **Race:** White

DL: OH-OOS

Alias:

Warrant:

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

Charging Document Date: 6/14/2026

SOID: 01013948

In Custody: NO

Booking No: 2026-20313

Bond Out Date: 06/13/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: MURPHY, MICHAEL

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MUNOZ , GABRIELA **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 648 DUI BAL > 015 - 1ST OFF - PROP DMG/PERS INJ	ALQV1YE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008780

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: CUNNINGHAM, REILLY LUCK**

Address: 3234 W. FAIR OAKS AVE, TAMPA, FL 33611

Interpreter: Y N **Language:**

DOB: 1/21/2007 **Gender:** Male **Race:** White

DL: FL-C619162047000

Alias:

Warrant:

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

Charging Document Date: 4/26/2026

SOID: 01011550

In Custody: NO

Booking No: 2026-13875

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

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: CUNNINGHAM, KIRK

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HERSEM , CHRISTOPHER THOMAS **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6P5E	WPNG	

SPEED:

BAC LEVEL: 0.121

☐ **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: CURETON, SHAMICKA MICHELLE**

Address: 14867 SHADY KNOLL CT #202, TAMPA, FL 33613
Interpreter: Y N **Language:**
DOB: 7/25/1991 **Gender:** Female **Race:** Black
DL: FL-C635793917650
Alias: CURETON, SHAMICKA

Warrant:
Date of Offense: 04/24/2026 **Date of Arrest:** 04/24/2026
Charging Document Date: 4/25/2026
SOID: 01011497
In Custody: NO
Booking No: 2026-13744

Bond Out Date: 04/24/2026 **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** MUNOZ , GABRIELA **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	AJJ6OZE	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: CURTIS, QUIEMARIEUS ZARIEL**

Address: 10028 STRAFFORD OAK CT, TAMPA, FL 33624

Interpreter: Y N **Language:**

DOB: 8/2/1976 **Gender:** Male **Race:** Black

DL: FL-C332042220000

Alias: CURTIS, KEITH; CURTIS, QUIEMARIEUS; CURTIS, QUIEMARIEUS Z; CURTIS, QUIMAREUS ZAVIER; CURTIS, QUIMARIUS; CURTIS, QUIMARIUS F; CURTIS, QUIMARIUS Z; CURTIS, QUIMARIUS ZARIE; CURTIS, QUIMARIUS ZARIEL; CURTIS, QUIMARIUS ZAURIEL; DAYRION, CURTIS J

Warrant:

Date of Offense: 06/30/2026 **Date of Arrest:**

Charging Document Date: 7/1/2026

SOID: 00383673

In Custody: NO

Booking No: 2026-22560

Bond Out Date: 06/30/2026 **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** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANNMWLE	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:** **HARPER, ABREE RAINES**

Address: 2203 MAPLE HILL CT, LAKELAND, FL 33811

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

DOB: 7/15/2005 **Gender:** Female **Race:** White

DL: FL-H616016057550

Alias:

Warrant:

Date of Offense: 05/06/2026 **Date of Arrest:** 05/06/2026

Charging Document Date: 5/7/2026

SOID: 01012111

In Custody: NO

Booking No: 2026-15327

Bond Out Date: 05/06/2026 **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** HACKWORTH , JONATHAN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	A77R0LE	WPNG	

SPEED:

BAC LEVEL: 0.141

☐ **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:** **RABADA, NICHOLAS JOHN**

Address: 6705 EL CAPITAN DR, TAMPA, FL 33634

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

DOB: 9/21/2007 **Gender:** Male **Race:** White

DL: FL-R130630073410

Alias:

Warrant:

Date of Offense: 07/06/2026 **Date of Arrest:**

Charging Document Date: 7/7/2026

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** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32002(1) - 471 NO MOTOR VEH REG	ANNMZME	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:** **RADA, LENNESE ANGELEE**

Address: 4919 CRESTHILL DR, TAMPA, FL 33615

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

DOB: 2/27/2003 **Gender:** Female **Race:** Black

DL: FL-R300521035670

Alias:

Warrant:

Date of Offense: 04/19/2026 **Date of Arrest:** 04/19/2026

Charging Document Date: 4/20/2026

SOID: 01011266

In Custody: NO

Booking No: 2026-13120

Bond Out Date: 04/19/2026 **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** COURTNEY , PATRICK BOWLER **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	A850T8E	WPNG	

SPEED:

BAC LEVEL: 0.188

☐ **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:** **RAMIREZ ENRIQUEZ, SAUL**

Address: 5416 RUTH MORRIS RD, WIMAUMA, FL 33598

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

DOB: 9/26/1977 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 02/28/2026 **Date of Arrest:**

Charging Document Date: 3/2/2026

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** ELIZARRARAS , JESUS **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMOQHZE	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: RAMIREZ MOYA, LISSELOTT**

Address: 4931 ASBURY VIEW DR APT 304, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 9/19/1991 **Gender:** Female **Race:** Hispanic

DL: FL-R620466893000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 01015010

In Custody: NO

Booking No: 2026-23220

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: I.T. BAIL BOND CO.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010204, 26-TR-088830

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: RAMIREZ MOYA, LISSELOTT**

Address: 4931 ASBURY VIEW DR APT 304, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 9/19/1991 **Gender:** Female **Race:** Hispanic

DL: FL-R620466893000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 01015010

In Custody: NO

Booking No: 2026-23220

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: I.T. BAIL BOND CO.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV4JE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010203, 26-TR-088830

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: RAMIREZ MOYA, LISSELOTT**

Address: 4931 ASBURY VIEW DR APT 304, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 9/19/1991 **Gender:** Female **Race:** Hispanic

DL: FL-R620466893000

Alias:

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 01015010

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316074(1) - 543 FAIL TO STOP AT TRAF SIG/RED LT	ANPDCVE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010203, 26-CT-010204

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: RAMIREZ, FELIBERTO**

Address: 1041 BRIDLEWOOD WAY, BRANDON, FL 33511

Interpreter: Y N **Language:**

DOB: 3/31/1962 **Gender:** Male **Race:** Black

DL: FL-R220331663000

Alias:

Warrant:

Date of Offense: 04/19/2026 **Date of Arrest:** 04/18/2026

Charging Document Date: 4/20/2026

SOID: 01011256

In Custody: NO

Booking No: 2026-13095

Bond Out Date: 04/19/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: RAMIREZ, FELIBERTO

PD APP / UNAPP /WDRAW **PA** **APD** **RC** LOPEZ , DENNIS A **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AMZ3TNE	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:** **RAMOS, JOSHUA PAUL**

Address: 4416 W FAIRVIEW HTS, TAMPA, FL 33616

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

DOB: 9/1/1982 **Gender:** Male **Race:** White

DL: FL-R201662893000

Alias:

Warrant:

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

Charging Document Date: 4/5/2026

SOID: 00512855

In Custody: NO

Booking No: 2026-11322

Bond Out Date: 04/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: AFTERMATH BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005381, 26-TR-051420

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: RAMOS, JOSHUA PAUL**

Address: 4416 W FAIRVIEW HTS, TAMPA, FL 33616

Interpreter: Y N **Language:**

DOB: 9/1/1982 **Gender:** Male **Race:** White

DL: FL-R201662893000

Alias:

Warrant:

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

Charging Document Date: 4/6/2026

SOID: 00512855

In Custody: NO

Booking No: 2026-11322

Bond Out Date: 04/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: AFTERMATH BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILCOX , ELLIOTT ALBERT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6MPE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005380, 26-TR-051420

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: RAMOS, JOSHUA PAUL**

Address: 4416 W FAIRVIEW HTS, TAMPA, FL 33616

Interpreter: Y N **Language:**

DOB: 9/1/1982 **Gender:** Male **Race:** White

DL: FL-R201662893000

Alias:

Warrant:

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

Charging Document Date: 4/6/2026

SOID: 00512855

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: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316293(5)(B) - 133 OPER EXHAUST SYSTEM NOISE/ABATE MODIFY	AMUIKKE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-005380, 26-CT-005381

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: RANDOLPH, CEDRIC JAIDON**

Address: 3016 E COMANCHE AVE, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 12/8/1999 **Gender:** Male **Race:** Black

DL: FL-R240477856000

Alias:

Warrant:

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

Charging Document Date: 2/10/2026

SOID: 01016995

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316272(1) - 133 LOUD DEFECT MUFFLER	AMEP4LE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

20-TR-038350, 25-TR-127249, 26-TR-024730

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: RANDOLPH, CEDRIC JAIDON**

Address: 3016 E COMANCHE AVE, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 12/8/1999 **Gender:** Male **Race:** Black

DL: FL-R240477856000

Alias:

Warrant:

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

Charging Document Date: 2/10/2026

SOID: 01016995

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32215(1) - 622 DL NOT CARRIED/EXHIBITED ON DEMAND	AMEP4NE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

20-TR-038350, 25-TR-127249, 26-TR-024729

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: REDDICK, KEYVON AMIRI**

Address: 3915 SILVER STRAND TRL, PALMETTO, FL 34221

Interpreter: Y N **Language:**

DOB: 11/1/2005 **Gender:** Male **Race:** Black

DL: FL-R320501054010

Alias:

Warrant:

Date of Offense: 08/23/2025 **Date of Arrest:** 03/31/2026

Charging Document Date: 8/24/2025

SOID:

In Custody: NO

Booking No:

Bond Out Date: 03/31/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: FIRST MIND BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** FHP

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-TR-079353

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: REDDICK, KEYVON AMIRI**

Address: 3915 SILVER STRAND TRL, PALMETTO, FL 34221

Interpreter: Y N **Language:**

DOB: 11/1/2005 **Gender:** Male **Race:** Black

DL: FL-R320501054010

Alias:

Warrant:

Date of Offense: 08/23/2025 **Date of Arrest:**

Charging Document Date: 8/25/2025

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** **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316187(2) - 575 UNLAW SPEED; INTERSTATE (REQ SPEED)	ALMMFWE	NG	

SPEED: 117

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-013664

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: REN, LIJINGQI**

Address: 3509 CATKIN BLOOM CT, LUTZ, FL 33558

Interpreter: Y N **Language:**

DOB: 7/25/2006 **Gender:** Male **Race:** Asian

DL: FL-R614353709000

Alias:

Warrant:

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

Charging Document Date: 7/9/2026

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** KINDEL , MATTHEW WEST **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	ANPDG0E	WPNG	

SPEED: 106

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: REYES ALEMAN, ELIA RUBY**

Address: 9512 N OAKLEAF AVE, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 8/8/1980 **Gender:** Female **Race:**

DL: FL-R245216807880

Alias:

Warrant:

Date of Offense: 06/21/2026 **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** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	322036 - 606 EXP DL MORE THAN 6 MOS	AN92DJE	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:** **REYES, ISAIAH JOSHUA**

Address: 5426 MOBILE DR, SEFFNER, FL 33584

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

DOB: 1/10/2006 **Gender:** Male **Race:** White

DL: FL-R200410060100

Alias:

Warrant:

Date of Offense: 04/30/2026 **Date of Arrest:** 08/21/2026

Charging Document Date: 5/5/2026

SOID: 01017279

In Custody: NO

Booking No: 2026-29350

Bond Out Date: 08/21/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: A-1 RAPID RELEASE BAIL BONDS, INC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANEM55E	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: REYES, LAURA LOUISE**

Address: 19617 SUNSET BAY DR, LAND O' LAKES, FL 34638

Interpreter: Y N **Language:**

DOB: 10/14/1983 **Gender:** Female **Race:** White

DL: FL-R200532838741

Alias: REYES, LAURA

Warrant:

Date of Offense: 03/19/2025 **Date of Arrest:** 09/04/2025

Charging Document Date: 3/20/2002

SOID: 00498368

In Custody: NO

Booking No: 2025-44050, 2025-8996

Bond Out Date: **BNDADD**

Bond Type:

Bond Amount:

Bond Company:

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AJT79EE	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: RICHARDSON, ANTONIO RASCHAD**

Address: 3002 ARROW STREET, TAMPA, FL 33605

Interpreter: Y N **Language:**

DOB: 3/30/1995 **Gender:** Male **Race:** Black

DL: FL-R232248554000

Alias:

Warrant:

Date of Offense: 02/20/2026 **Date of Arrest:** 02/21/2026

Charging Document Date: 2/22/2026

SOID: 01008406

In Custody: NO

Booking No: 2026-5941

Bond Out Date: 02/21/2026 **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** STECHSCHULTE , BENJAMIN RYAN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	AMZ3O4E	WPNG	

SPEED:

BAC LEVEL: 0.391

☐ **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: RIOS, DANIELE JOSUE**

Address: 3402 CASTLE STONE CT, VALRICO, FL 33594

Interpreter: Y N **Language:**

DOB: 5/22/2008 **Gender:** Male **Race:** White

DL: FL-R620384023000

Alias:

Warrant:

Date of Offense: 07/11/2026 **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** JONES , BRANDON F; ARMOCIDA , ZACHARY DAVID **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	ANURUAE	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: RIOS, MOZES KANE**

Address: 12626 EARLY RUN LN, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/14/2000 **Gender:** Male **Race:** Hispanic

DL: FL-R237358456000

Alias:

Warrant:

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

Charging Document Date: 5/13/2026

SOID: 00973633

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** CARDINALE, CODY JAMES **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	AN8ZL8E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-069190

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: RIOS, MOZES KANE**

Address: 12626 EARLY RUN LN, RIVERVIEW, FL 33578

Interpreter: Y N **Language:**

DOB: 2/14/2000 **Gender:** Male **Race:** Hispanic

DL: FL-R237358456000

Alias:

Warrant:

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

Charging Document Date: 5/18/2026

SOID: 00973633

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AN8ZLAE	NG	

SPEED: 90

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007778

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: RIPPY, HARRY DONALD**

Address: 6508 CLAIRBORNE LN, LAKEWOOD RANCH, FL 34211

Interpreter: Y N **Language:**

DOB: 10/2/1982 **Gender:** Male **Race:** White

DL: FL-R100364823620

Alias:

Warrant:

Date of Offense: 07/15/2026 **Date of Arrest:**

Charging Document Date: 7/16/2026

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** HIGGINS , STEPHEN CORRIGAN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	ANKCR6E	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: RIVERA AYENDE, YARIMAR**

Address: 4404 W PRICE AVE, TAMPA, FL 33611
Interpreter: Y N **Language:**
DOB: 1/20/1994 **Gender:** Female **Race:** Hispanic
DL: FL-R165960945200
Alias: AYENDE, YARIMAR R

Warrant:
Date of Offense: 07/02/2026 **Date of Arrest:**
Charging Document Date: 7/5/2026
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** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)B1 - 600 DRIVING W/SUSP/REVOKED LIC	ANPD6WE	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: RIVERA RODRIGUEZ, YAMILETT**

Address: 3630 N 50TH ST, TAMPA, FL 33619
Interpreter: Y N **Language:**
DOB: 7/17/1984 **Gender:** Female **Race:** Hispanic
DL: FL-R200783851000
Alias:

Warrant:
Date of Offense: 05/16/2026 **Date of Arrest:**
Charging Document Date: 5/18/2026
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** CARDINALE, CODY JAMES **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AN8ZLRE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

12-TR-153942, 13-TR-010049, 26-TR-069201

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: RIVERA RODRIGUEZ, YAMILETT**

Address: 3630 N 50TH ST, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 7/17/1984 **Gender:** Female **Race:** Hispanic

DL: FL-R200783851000

Alias:

Warrant:

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

Charging Document Date: 5/18/2026

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**

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316646(1) - 282 OPER NONCMV NOT PROPERLY INSURED/PROOF OF INS REQ (ANY OP NOT OWNR/RGSTRNT OF VEHCL)	AN8ZLQE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

12-TR-153942, 13-TR-010049, 26-CT-007673

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: RIVERA, JASON LAMAR**

Address: 940 ROLRIDGE AVE, LANCASTER, PA 17603

Interpreter: Y N **Language:**

DOB: 10/14/1998 **Gender:** Male **Race:** Black

DL: PA-32284820

Alias: RIVERA, JASON LAMAR 2

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 01015005

In Custody: NO

Booking No: 2026-23212

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: # ONE STOP BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV4IE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010199, 26-TR-088821

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: RIVERA, JASON LAMAR**

Address: 940 ROLRIDGE AVE, LANCASTER, PA 17603

Interpreter: Y N **Language:**

DOB: 10/14/1998 **Gender:** Male **Race:** Black

DL: PA-32284820

Alias: RIVERA, JASON LAMAR 2

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:** 07/05/2026

Charging Document Date: 7/6/2026

SOID: 01015005

In Custody: NO

Booking No: 2026-23212

Bond Out Date: 07/05/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: # ONE STOP BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010198, 26-TR-088821

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: RIVERA, JASON LAMAR**

Address: 940 ROLRIDGE AVE, LANCASTER, PA 17603

Interpreter: Y N **Language:**

DOB: 10/14/1998 **Gender:** Male **Race:** Black

DL: PA-32284820

Alias: RIVERA, JASON LAMAR 2

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

SOID: 01015005

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3162015(1) - 198 PERMIT PASNGR TO RIDE ON EXT OF VEH	ANPDCKE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010198, 26-CT-010199

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: RIVERA, ROSA CHRISTINE**

Address: 12827 REAL MADRID LN, TAMPA, FL 33617
Interpreter: Y N **Language:**
DOB: 1/5/2003 **Gender:** Female **Race:** White
DL: FL-R160723035050
Alias: RIVERA, ROSA

Warrant:
Date of Offense: 05/13/2026 **Date of Arrest:** 05/13/2026
Charging Document Date: 5/14/2026
SOID: 01012472, J0090449
In Custody: NO
Booking No: 2026-16281

Bond Out Date: 05/13/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $500.00
Bond Company: AFTERMATH BAIL BONDS, LLC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRIEDLANDER , DANA ALLYN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AAZ6QZE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-007440

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: RIVERA, ROSA CHRISTINE**

Address: 12827 REAL MADRID LN, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 1/5/2003 **Gender:** Female **Race:** White

DL: FL-R160723035050

Alias: RIVERA, ROSA

Warrant:

Date of Offense: 05/13/2026 **Date of Arrest:** 05/13/2026

Charging Document Date: 5/14/2026

SOID: 01012472, J0090449

In Custody: NO

Booking No: 2026-16281

Bond Out Date: 05/13/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: AFTERMATH BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** FRIEDLANDER , DANA ALLYN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007439

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: RIVERA, ROSA CHRISTINE**

Address: 12827 REAL MADRID LN, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 1/5/2003 **Gender:** Female **Race:** White

DL: FL-R243720414000

Alias:

Warrant:

Date of Offense: 06/12/2026 **Date of Arrest:**

Charging Document Date: 6/16/2026

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** FRIEDLANDER , DANA ALLYN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(B) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 2ND CONV	AMDOWME	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-077571

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: RIVERA, ROSA CHRISTINE**

Address: 12827 REAL MADRID LN, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 1/5/2003 **Gender:** Female **Race:** White

DL: FL-R243720414000

Alias:

Warrant:

Date of Offense: 06/12/2026 **Date of Arrest:**

Charging Document Date: 6/16/2026

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** FRIEDLANDER , DANA ALLYN **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3162953 - 190 SIDE WINDOWS RESTRICT ON SUNSCREEN	AMDOWNE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008977

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: RIVERS, MICHAELA MIONA NICOLE**

Address: 3610 PALM CROSSING DR APT 103, TAMPA, FL 33613
Interpreter: Y N **Language:**
DOB: 1/22/1999 **Gender:** Female **Race:** Black
DL: FL-R235465512000
Alias: RIVERS, MICHAELA; RIVERS, MICHAELA MIONA

Warrant:
Date of Offense: 04/19/2026 **Date of Arrest:**
Charging Document Date: 4/20/2026
SOID: 00950089
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** WEED , DIRK ROBERT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	ANELM9E	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: ROBARE, JOSHUA CADE**

Address: 15124 GAINSVILLE RD, SPRING HILL, FL 34610
Interpreter: Y N **Language:**
DOB: 2/24/1996 **Gender:** Male **Race:** White
DL: FL-R160423960640
Alias:

Warrant:
Date of Offense: 07/23/2026 **Date of Arrest:** 07/23/2026
Charging Document Date: 7/24/2026
SOID: 01015901, 1015901
In Custody: NO
Booking No: 2026-25573

Bond Out Date: 07/23/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $150.00
Bond Company:
Cash Bond Depositor: ROBARE, JOSHUA CADE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRANIFF , DAVIANA MARIE **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANUS32E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-011172, 26-TR-094546

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: ROBARE, JOSHUA CADE**

Address: 15124 GAINSVILLE RD, SPRING HILL, FL 34610

Interpreter: Y N **Language:**

DOB: 2/24/1996 **Gender:** Male **Race:** White

DL: FL-R160423960640

Alias:

Warrant:

Date of Offense: 07/23/2026 **Date of Arrest:** 07/23/2026

Charging Document Date: 7/24/2026

SOID: 01015901, 1015901

In Custody: NO

Booking No: 2026-25573

Bond Out Date: 07/23/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: ROBARE, JOSHUA CADE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRANIFF , DAVIANA MARIE **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011171, 26-TR-094546

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: ROBARE, JOSHUA CADE**

Address: 15124 GAINSVILLE RD, SPRING HILL, FL 34610

Interpreter: Y N **Language:**

DOB: 2/24/1996 **Gender:** Male **Race:** White

DL: FL-R160423960640

Alias:

Warrant:

Date of Offense: 07/23/2026 **Date of Arrest:**

Charging Document Date: 7/24/2026

SOID: 01015901, 1015901

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** BRANIFF , DAVIANA MARIE **ACA** **ASA**

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316189(2)(B) - 575 SPEED POST CTY RD NON-BUS/RES (REQ SPEED)	ANUSAOE	WPNG	

SPEED: 75

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-011171, 26-CT-011172

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: RODRIGUEZ FLORES, EDER TONINHO**

Address: 10104 ALAMBRA AVE, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 9/11/1983 **Gender:** Male **Race:** White

DL: FL-R362218833310

Alias: RODRIGUEZ, EDER

Warrant:

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

Charging Document Date: 6/5/2026

SOID: 00616640

In Custody: NO

Booking No: 2026-19186

Bond Out Date: 06/05/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: RODRIGUEZ FLORES, EDER TONINHO

PD APP / UNAPP /WDRAW **PA** **APD** **RC** HARRISON , DONALD A. **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: FHP

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANJ9F5E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-078306

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: RODRIGUEZ FLORES, EDER TONINHO**

Address: 10104 ALAMBRA AVE, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 9/11/1983 **Gender:** Male **Race:** White

DL: FL-R362218833310

Alias: RODRIGUEZ, EDER

Warrant:

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

Charging Document Date: 6/16/2026

SOID: 00616640

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316123(2)a - 537 RAN STOP SIGN	ANJ9F4E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008424

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: RODRIGUEZ GUERRA, ANNIEL**

Address: 220 NW 2ND PL, CAPE CORAL, FL 33993

Interpreter: Y N **Language:**

DOB: 12/24/1983 **Gender:** Male **Race:** White

DL: FL-R628260013000

Alias:

Warrant:

Date of Offense: 07/11/2026 **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** BURTON , JAMES KEVIN **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(3)C1 - 431 RECKLESS DRIV - 1ST OFF - PROP DMG/PERS INJ	ANURV7E	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:** **RODRIGUEZ VALDES, CARLOS ALEJANDRO**

Address: 5713 HARBORSIDE DR, TAMPA, FL 33615

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

DOB: 10/15/2007 **Gender:** Male **Race:** Hispanic

DL: FL-R362101073750

Alias:

Warrant:

Date of Offense: 05/02/2026 **Date of Arrest:**

Charging Document Date: 5/4/2026

SOID: 01011925

In Custody: NO

Booking No: 2026-14901

Bond Out Date: 05/03/2026 **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** PARDO , CHRISTIE **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-119498

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: RODRIGUEZ, ADRIANA MARIE**

Address: 3357 EMMA ST APT 305, SPRING HILL, FL 34608

Interpreter: Y N **Language:**

DOB: 12/3/2004 **Gender:** Female **Race:** White

DL: FL-R245489542000

Alias:

Warrant:

Date of Offense: 07/11/2026 **Date of Arrest:** 07/11/2026

Charging Document Date: 7/12/2026

SOID: 01015321

In Custody: NO

Booking No: 2026-24010

Bond Out Date: 07/11/2026 **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** DEFENDER, PUBLIC **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	ALQV53E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-072428, 26-TR-097863

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: RODRIGUEZ, GAVINO**

Address: 330 HARDEE ST, BOWLING GREEN, FL 33834

Interpreter: Y N **Language:**

DOB: 3/3/1998 **Gender:** Male **Race:** White

DL: FL-R235135946000

Alias:

Warrant:

Date of Offense: 09/04/2025 **Date of Arrest:**

Charging Document Date: 9/8/2025

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** **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

SET FOR: DISPOSITION AT 9:00:00 AM **HEARING COMMENTS:** LAST DISPO; TGL

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AM4LL5E	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:** **RODRIGUEZ, LUIS ALBERTO**

Address: 10212 JUDY RD, DOVER, FL 33527

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

DOB: 10/29/2003 **Gender:** Male **Race:** White

DL: FL-R605872289000

Alias: RODRIGUEZ, LUIS ALBERTO

Warrant:

Date of Offense: 07/05/2026 **Date of Arrest:** 07/06/2026

Charging Document Date: 7/6/2026

SOID: 01015052

In Custody: NO

Booking No: 2026-23327

Bond Out Date: 07/06/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: IBARRA, MARILU

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BRAXTON , MICHAEL SCOTT **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: FHP

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

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

SPEED:

BAC LEVEL: 0.053

☐ **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: RODRIGUEZ, NALDY**

Address: 920 METCALF AVE APT 15J, BRONX, NY 10473
Interpreter: Y N **Language:**
DOB: 3/2/1980 **Gender:** Male **Race:** White
DL: NY-OOS
Alias:

Warrant:
Date of Offense: 03/16/2026 **Date of Arrest:** 03/16/2026
Charging Document Date: 3/17/2026
SOID: 00953578
In Custody: NO
Booking No: 2026-8739

Bond Out Date: 03/16/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: RODRIGUEZ, NALDY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RANDOLPH , EDWIN P. **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6KGE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-004301

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:** **RODRIGUEZ, NALDY**

Address: 920 METCALF AVE APT 15J, BRONX, NY 10473

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

DOB: 3/2/1980 **Gender:** Male **Race:** White

DL: NY-OOS

Alias:

Warrant:

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

Charging Document Date: 3/16/2026

SOID: 00953578

In Custody: NO

Booking No: 2026-8739

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

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: RODRIGUEZ, NALDY

PD APP / UNAPP /WDRAW **PA** **APD** **RC** RANDOLPH , EDWIN P. **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939 - 646 REFUSE TO SUBMIT TO BAL TEST	AMUHD6E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004300

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: RODRIGUEZ-MORELOS, MARTIN**

Address: 5230 E STATE ROAD 60 LOT 53, DOVER, FL 33527

Interpreter: Y N **Language:**

DOB: 7/19/1994 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 01/24/2026 **Date of Arrest:**

Charging Document Date: 1/26/2026

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** GABBARD , WALTER DALE **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMOQMME	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:** **ROJAS EUSSE, OSCAR ALEJANDRO**

Address: 8519 FOXHALL DR, TAMPA, FL 33615

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

DOB: 1/14/1999 **Gender:** Male **Race:** White

DL: FL-R634837859000

Alias:

Warrant:

Date of Offense: 06/14/2026 **Date of Arrest:** 06/14/2026

Charging Document Date: 6/16/2026

SOID: 01014048, 1014048

In Custody: NO

Booking No: 2026-20555

Bond Out Date: 06/15/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: GARCIA, JENNIFER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SMITH , ROXANNA SOLIS **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL: 0.128

☐ **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: ROMAN, EDWIN JOSE**

Address: 1043 OLD FIELD DR, BRANDON, FL 33511
Interpreter: Y N **Language:**
DOB: 5/29/1974 **Gender:** Male **Race:** White
DL: FL-R550210741890
Alias: ROMAN, EDWIN J

Warrant:
Date of Offense: 07/05/2026 **Date of Arrest:**
Charging Document Date: 7/7/2026
SOID: 00337208
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** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)B1 - 600 DRIVING W/SUSP/REVOKED LIC	ANPDDIE	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: ROMERO BAINA, MARTIN**

Address: 1650 N BROADWAY AVE, BARTOW, FL 33830
Interpreter: Y N **Language:**
DOB: 11/11/1985 **Gender:** Male **Race:** White
DL: FL-R561560854110
Alias:

Warrant:
Date of Offense: 07/04/2026 **Date of Arrest:**
Charging Document Date: 7/6/2026
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** RUIZ, AMY **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANNN58E	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)**
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  - ☐ **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: ROMERO HERNANDEZ, ADRIANA**

Address: 4955 BONITA DR, WIMAUMA, FL 33598

Interpreter: Y N **Language:**

DOB: 3/5/1983 **Gender:** Female **Race:** White

DL: FL-R566000835850

Alias:

Warrant:

Date of Offense: 04/14/2026 **Date of Arrest:**

Charging Document Date: 4/15/2026

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** ELIZARRARAS , JESUS **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMX3JWE	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: ROQUE HERNANDEZ, DONIS FERNANDO**

Address: 2291 BOLANZO CT, LAND O LAKES, FL 34639

Interpreter: Y N **Language:**

DOB: 6/27/1991 **Gender:** Male **Race:** White

DL: FL-NDL

Alias:

Warrant:

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

Charging Document Date: 7/8/2026

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** LOPEZ , DENNIS A **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANNN0FE	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: ROSARIO AYALA, RAUL OSCAR**

Address: 207 TOWHEE RD, WINTER HAVEN, FL 33881

Interpreter: Y N **Language:**

DOB: 11/4/1983 **Gender:** Male **Race:** White

DL: FL-R264734834040

Alias:

Warrant:

Date of Offense: 06/07/2026 **Date of Arrest:** 06/07/2026

Charging Document Date: 6/8/2026

SOID: 01013683

In Custody: NO

Booking No: 2026-19532

Bond Out Date: 06/07/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: OTERO, IVELISSE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PALACIOS , BRIAN CHARLES **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008553

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: ROSARIO AYALA, RAUL OSCAR**

Address: 207 TOWHEE RD, WINTER HAVEN, FL 33881

Interpreter: Y N **Language:**

DOB: 11/4/1983 **Gender:** Male **Race:** White

DL: FL-R264734834040

Alias:

Warrant:

Date of Offense: 06/07/2026 **Date of Arrest:** 06/07/2026

Charging Document Date: 6/8/2026

SOID: 01013683

In Custody: NO

Booking No: 2026-19532

Bond Out Date: 06/07/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: OTERO, IVELISSE

PD APP / UNAPP /WDRAW **PA** **APD** **RC** PALACIOS , BRIAN CHARLES **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANNM7HE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-008552

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:** **ROUNDTREE, CHARLES LAMAR**

Address: 7328 PENFIELD CT, ORLANDO, FL 32818

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

DOB: 6/4/1983 **Gender:** Male **Race:** Black

DL: FL-R429956540000

Alias:

Warrant:

Date of Offense: 07/19/2026 **Date of Arrest:** 07/19/2026

Charging Document Date: 7/20/2026

SOID: 01015739, 1015739

In Custody: NO

Booking No: 2026-25071

Bond Out Date: 07/19/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor: VASQUEZ, WALTERIA PATRICIA

PD APP / UNAPP /WDRAW **PA** **APD** **RC** YAHWEH , YAHKYRAH **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANBOB7E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010937

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: ROUNDTREE, CHARLES LAMAR**

Address: 7328 PENFIELD CT, ORLANDO, FL 32818

Interpreter: Y N **Language:**

DOB: 6/4/1983 **Gender:** Male **Race:** Black

DL: FL-R429956540000

Alias:

Warrant:

Date of Offense: 07/19/2026 **Date of Arrest:** 07/19/2026

Charging Document Date: 7/20/2026

SOID: 01015739, 1015739

In Custody: NO

Booking No: 2026-25071

Bond Out Date: 07/19/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** YAHWEH , YAHKYRAH **ACA** **ASA** SINIBALDI , LARRY JOSEPH, JR

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010936

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: RUCKER, TRACIE MICHELE**

Address: 1201 SEMINOLE BLVD APT 568, LARGO, FL 33770

Interpreter: Y N **Language:**

DOB: 3/15/1971 **Gender:** Female **Race:** White

DL: FL-R260813715950

Alias: RUCKER, TRACIE; RUCKER, TRACIE MICHELLE

Warrant:

Date of Offense: 07/20/2026 **Date of Arrest:**

Charging Document Date: 7/21/2026

SOID: 00330144

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** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	ANURXZE	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: RUIZ, CAROLINE CHERYL**

Address: 2450 E HILLSBOROUGH AVE APT 115, TAMPA, FL 33610
Interpreter: Y N **Language:**
DOB: 11/2/1998 **Gender:** Female **Race:** Hispanic
DL: FL-R200103989020
Alias:

Warrant:
Date of Offense: 06/04/2026 **Date of Arrest:**
Charging Document Date: 6/8/2026
SOID: 00924829
In Custody: NO
Booking No:

Bond Out Date: 07/11/2026 **BNDADD**
Bond Type: SURETY
Bond Amount: $100.00
Bond Company: PATSYS BAIL BONDS, LLC.
Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** TARACKS , BARRY KEVIN **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** FHP

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-078299

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: RUIZ, CAROLINE CHERYL**

Address: 2450 E HILLSBOROUGH AVE APT 115, TAMPA, FL 33610
Interpreter: Y N **Language:**
DOB: 11/2/1998 **Gender:** Female **Race:** Hispanic
DL: FL-R200103989020
Alias:

Warrant:
Date of Offense: 06/04/2026 **Date of Arrest:**
Charging Document Date: 6/16/2026
SOID: 00924829
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:** FHP

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316303(1) - 212 TELEVISION IN VIEW OF DRIVER	AMZNOSE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-008662

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: RUIZ, ELIJAH MARLON**

Address: 9922 BALAYE RUN DR APT 102, TAMPA, FL 33619

Interpreter: Y N **Language:**

DOB: 1/6/1999 **Gender:** Male **Race:** White

DL: FL-R235266738000

Alias:

Warrant:

Date of Offense: 07/18/2026 **Date of Arrest:** 07/18/2026

Charging Document Date: 7/19/2026

SOID: 01015682, 1015682

In Custody: NO

Booking No: 2026-24959

Bond Out Date: 07/18/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: ACTION PLUS BAIL BONDS

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV5EE	WPNG	

SPEED:

BAC LEVEL: 0.081

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-013265

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: RUSS, WILLIE CLEVE**

Address: 3406 E JEAN ST, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 8/25/1963 **Gender:** Male **Race:** Black

DL: FL-R424444930000

Alias: HILL, DAVID; PETERSON, JOSHUA; PETERSON, JOUSA; RUSS, WILLIE; RUSS, WILLIE C; RUSS, WILLIE CLEVE, JR; WILLIAMS, WILLIE; WILLIAMS, WILLIS

Warrant:

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

Charging Document Date: 7/10/2026

SOID: 00223767

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** LANSKY , KYLE MATTHEW

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	ANPDHSE	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: TECPIL HERNANDEZ, MATEO**

Address: 106 REDWOOD TER, TAMPA, FL 33610
Interpreter: Y N **Language:**
DOB: 9/21/1985 **Gender:** Male **Race:** White
DL: FL-T214540853410
Alias:

Warrant:
Date of Offense: 08/27/2025 **Date of Arrest:**
Charging Document Date: 8/29/2025
SOID: 00977812
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** ROGOZINSKI , JASON; RUIZ, AMY **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ALSOEKE	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: TERNES, R BRANDON MICHAEL**

Address: 1211 E KENNEDY BLVD APT 221, TAMPA, FL 33602

Interpreter: Y N **Language:**

DOB: 12/14/1993 **Gender:** Male **Race:** White

DL: FL-T225769656000

Alias: TERNES, R BRANDON M; TERNES, R BRANDON MICHAEL; TERNES, R BRANDONMICHAEL

Warrant:

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

Charging Document Date: 2/10/2026

SOID: 01007828

In Custody: NO

Booking No: 2026-4409

Bond Out Date: 02/09/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: TERNES, R BRANDON MICHAEL

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

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AJJ6G9E	WPNG	

SPEED:

BAC LEVEL: 0.108

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-002200, 26-TR-054129

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: TERNES, R BRANDON MICHAEL**

Address: 1211 E KENNEDY BLVD APT 221, TAMPA, FL 33602

Interpreter: Y N **Language:**

DOB: 12/14/1993 **Gender:** Male **Race:** White

DL: FL-T225769656000

Alias: TERNES, R BRANDON M; TERNES, R BRANDON MICHAEL; TERNES, R BRANDONMICHAEL

Warrant:

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

Charging Document Date: 2/10/2026

SOID: 01007828

In Custody: NO

Booking No: 2026-4409

Bond Out Date: 02/09/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: TERNES, R BRANDON MICHAEL

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

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	31619221B - 669 OPERATE VEHICLE 100+ MPH THREATEN PERSON/PROPERTY	AMEP4RE	WPNG	

SPEED: 118

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-002198, 26-TR-054129

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: TERNES, R BRANDON MICHAEL**

Address: 1211 E KENNEDY BLVD APT 221, TAMPA, FL 33602

Interpreter: Y N **Language:**

DOB: 12/14/1993 **Gender:** Male **Race:** White

DL: FL-T225769656000

Alias: TERNES, R BRANDON M; TERNES, R BRANDON MICHAEL; TERNES, R BRANDONMICHAEL

Warrant:

Date of Offense: 04/11/2026 **Date of Arrest:**

Charging Document Date: 4/13/2026

SOID: 01007828

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 9:00:00 AM **HEARING COMMENTS:**

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316183(2) - 575 UNLAW SPEED - EXCEED SPEED LIMIT	AN8XDJE		

SPEED: 84

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-002198, 26-CT-002200

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: TERRY, BARTON LEE**

Address: 11619 N 50TH ST APT#207, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 1/11/1993 **Gender:** Male **Race:** White

DL: FL-T600072930110

Alias:

Warrant:

Date of Offense: 04/16/2026 **Date of Arrest:** 04/16/2026

Charging Document Date: 4/17/2026

SOID: 01011098

In Custody: NO

Booking No: 2026-12695

Bond Out Date: 04/16/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $500.00

Bond Company:

Cash Bond Depositor: MCMAHON, JAMES

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

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ANELJ0E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-056550

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: TERRY, BARTON LEE**

Address: 11619 N 50TH ST APT#207, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 1/11/1993 **Gender:** Male **Race:** White

DL: FL-T600072930110

Alias:

Warrant:

Date of Offense: 04/16/2026 **Date of Arrest:**

Charging Document Date: 4/17/2026

SOID: 01011098

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 9:00:00 AM **HEARING COMMENTS:**

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

SPEED: 67

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-006767

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: THAKER, DHARATI**

Address: 11622 STONE PINE ST, RIVERVIEW, FL 33569
Interpreter: Y N **Language:**
DOB: 5/11/1982 **Gender:** Female **Race:** Asian
DL: GA-OOS
Alias:

Warrant:
Date of Offense: 04/23/2026 **Date of Arrest:** 04/23/2026
Charging Document Date: 4/24/2026
SOID: 01011473
In Custody: NO
Booking No: 2026-13643

Bond Out Date: 04/23/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $1,000.00
Bond Company:
Cash Bond Depositor: THAKER, MITESH

PD APP / UNAPP /WDRAW **PA** **APD** **RC** COURTNEY , PATRICK BOWLER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	AK9ZLYE	WPNG	

SPEED:

BAC LEVEL: 0.212

☐ **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: THOMAS, ANTWAN JAMAR**

Address: 8113 CRANMOORE PL APT 102, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 11/8/2007 **Gender:** Male **Race:** Black

DL: FL-T626524449000

Alias:

Warrant:

Date of Offense: 07/04/2026 **Date of Arrest:**

Charging Document Date: 7/6/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ANNMTHE	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: THOMAS, DEMETRIUS CRAIG HILLARY**

Address: 8700 N 50TH ST APT #605, TAMPA, FL 33617

Interpreter: Y N **Language:**

DOB: 12/5/1988 **Gender:** Male **Race:** Black

DL: FL-T520163884450

Alias:

Warrant:

Date of Offense: 12/31/2025 **Date of Arrest:** 08/26/2026

Charging Document Date: 1/5/2026

SOID: 00836264

In Custody: NO

Booking No: 2026-29968

Bond Out Date: 08/26/2026 **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** **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TTPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	ALH6RQE	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: THOMAS, MARVIN TERRELL**

Address: 3817 WASHBURN PL, WESTLY CHAPEL, FL 33543

Interpreter: Y N **Language:**

DOB: 6/23/1974 **Gender:** Male **Race:** Black

DL: FL-T207034944000

Alias:

Warrant:

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

Charging Document Date: 7/12/2026

SOID: 01015358, 1015358

In Custody: NO

Booking No: 2026-24129

Bond Out Date: 07/12/2026 **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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANPDR2E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010568, 26-CT-010701

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: THOMAS, MARVIN TERRELL**

Address: 3817 WASHBURN PL, WESTLY CHAPEL, FL 33543

Interpreter: Y N **Language:**

DOB: 6/23/1974 **Gender:** Male **Race:** Black

DL: FL-T207034944000

Alias:

Warrant:

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

Charging Document Date: 7/12/2026

SOID: 01015358, 1015358

In Custody: NO

Booking No: 2026-24129

Bond Out Date: 07/12/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	ALQV57E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010567, 26-CT-010701

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: THOMAS, MARVIN TERRELL**

Address: 3817 WASHBURN PL, WESTLY CHAPEL, FL 33543

Interpreter: Y N **Language:**

DOB: 6/23/1974 **Gender:** Male **Race:** Black

DL: FL-T207034944000

Alias:

Warrant:

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

Charging Document Date: 7/14/2026

SOID: 01015358, 1015358

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	ANPDQQE	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010567, 26-CT-010568

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: THOMAS, TORREY SHERROD**

Address: 10218 DOUGLAS OAKS CIR APT 104, TAMPA, FL 33610
Interpreter: Y N **Language:**
DOB: 4/28/1994 **Gender:** Male **Race:** Black
DL: FL-T520817941480
Alias:

Warrant:
Date of Offense: 02/15/2025 **Date of Arrest:** 04/13/2026
Charging Document Date: 2/17/2025
SOID: 00886383
In Custody: NO
Booking No: 2025-5156

Bond Out Date: 04/13/2026 **BNDADD**
Bond Type: CASH
Bond Amount: $500.00
Bond Company:
Cash Bond Depositor: ELDEMIRE, DEXTER

PD APP / UNAPP /WDRAW **PA** **APD** **RC** BANGIEV, ALAN RUBEN **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TTPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2) - 613 OPER WHILE DL SUSP/CANCEL/REVOK	AKAGP4E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
25-TR-011559

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: THOMAS, TORREY SHERROD**

Address: 10218 DOUGLAS OAKS CIR APT 104, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 4/28/1994 **Gender:** Male **Race:** Black

DL: FL-T520817941480

Alias:

Warrant:

Date of Offense: 02/15/2025 **Date of Arrest:**

Charging Document Date: 2/17/2025

SOID: 00886383

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:** TTPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32007(3)(A) - 473 OPER MV/MOBL HOM W/EXP REG < 6 MO	AKAGP5E		

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

25-CT-003957

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:** **THOMPSON, ALYSSA RENE**

Address: 6028 ANGUSS VALLEY DR, WESLEY CHAPEL, FL 33544

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

DOB: 4/28/2001 **Gender:** Female **Race:** White

DL: FL-T239560266000

Alias:

Warrant:

Date of Offense: 03/25/2026 **Date of Arrest:** 08/25/2026

Charging Document Date: 3/27/2026

SOID: 00920104

In Custody: NO

Booking No: 2026-29821

Bond Out Date: 08/25/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: PATSYS BAIL BONDS, LLC.

Cash Bond Depositor:

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

WITNESS: **ISSUING AGENCY:** TPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMUHTZE	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: TISCARENO GOMEZ, JONATHAN ALDAIR**

Address: 7970 73 WAY N LOT 96, PINELLAS PARK, FL 33781

Interpreter: Y N **Language:**

DOB: 10/10/2003 **Gender:** Male **Race:** Hispanic

DL: MX-OOS

Alias: TISCARENO GOMEZ, JONATHAN

Warrant:

Date of Offense: 03/21/2026 **Date of Arrest:** 03/21/2026

Charging Document Date: 3/22/2026

SOID: 01009849

In Custody: NO

Booking No: 2026-9410

Bond Out Date: 03/21/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: TISCARENO GOMEZ, JONATHAN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WESTMORELAND , CHRISTOPHER HASKINS **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161933C1 - 648 DUI - UNLAW BLD ALCH WITH PROPERTY DAMAGE/INJURY	AJJ6L4E	WPNG	

SPEED:

BAC LEVEL: 0.188

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004620

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:** **TISCARENO GOMEZ, JONATHAN ALDAIR**

Address: 7970 73 WAY N LOT 96, PINELLAS PARK, FL 33781

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

DOB: 10/10/2003 **Gender:** Male **Race:** Hispanic

DL: MX-OOS

Alias: TISCARENO GOMEZ, JONATHAN

Warrant:

Date of Offense: 03/21/2026 **Date of Arrest:** 03/21/2026

Charging Document Date: 3/21/2026

SOID: 01009849

In Custody: NO

Booking No: 2026-9410

Bond Out Date: 03/21/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: TISCARENO GOMEZ, JONATHAN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WESTMORELAND , CHRISTOPHER HASKINS **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: TPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AMUHO9E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-004619

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: TOLBERT, WILLIAM PERRY**

Address: 6732 MAYBOLE PL, TEMPLE TERRACE, FL 33617

Interpreter: Y N **Language:**

DOB: 9/24/1980 **Gender:** Male **Race:** Black

DL: FL-T448372840000

Alias: COOPER, MARK; TOLBERT, WILLIAM P; TOLBERT, WILLIAM PERRY, JR; WILLIAMS, HEROLD; WILLIAMS, JAMICE; WILPARD, JERRY; WILSON, JERRY

Warrant:

Date of Offense: 02/15/2026 **Date of Arrest:**

Charging Document Date: 2/16/2026

SOID: 00416419

In Custody: NO

Booking No: 2026-5246

Bond Out Date: 02/17/2026 **BNDADD**

Bond Type: SURETY

Bond Amount: $1,000.00

Bond Company: WALK OUT BAIL BONDS, LLC.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WILDE , ALEXANDER JOSHUA **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(2)(A) - 613 OPER WHILE DL SUSP/CANCEL/REVOK - 1ST CONV	AMX1CQE	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: TORO GUERRERO, FRANCISCO JAVIER**

Address: 2108 VALRICO HEIGHTS BLVD, VALRICO, FL 33594

Interpreter: Y N **Language:**

DOB: 1/19/1979 **Gender:** Male **Race:** White

DL: FL-T634391435000

Alias:

Warrant:

Date of Offense: 04/12/2026 **Date of Arrest:**

Charging Document Date: 4/13/2026

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** REYNOLDS , JEFFREY NEWTON **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: REDFIELD, LAURENCE **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 318 LV SCENE W/O GIVING INFO $50 OR LESS	AN8WCCE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-077609

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 ORTIZ, ALEX**

Address: 3021 RIPPLEWOOD DR, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 7/23/1986 **Gender:** Male **Race:** White

DL: FL-T626000862630

Alias:

Warrant:

Date of Offense: 07/06/2026 **Date of Arrest:**

Charging Document Date: 7/7/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32230(1) - 613 DL - USE DL FROM ANOTHER STATE WHILE UND SUSP/REVOC	AN8WS6E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010338

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 ORTIZ, ALEX**

Address: 3021 RIPPLEWOOD DR, SEFFNER, FL 33584

Interpreter: Y N **Language:**

DOB: 7/23/1986 **Gender:** Male **Race:** White

DL: FL-T626000862630

Alias:

Warrant:

Date of Offense: 07/06/2026 **Date of Arrest:**

Charging Document Date: 7/7/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32234(10)(A) - 600 OPER WHILE DL SUSPEND/CANCEL/REVOKE - SUB OFF	AN8WS5E	NG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-010332

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 PRADA, ULISES**

Address: 2909 W BURKE ST, TAMPA, FL 33614
Interpreter: Y N **Language:**
DOB: 1/6/2005 **Gender:** Male **Race:** White
DL: FL-T621840050060
Alias:

Warrant:
Date of Offense: 02/18/2026 **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** ARMOCIDA , ZACHARY DAVID **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** USF

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316192(1)a - 431 RECKLESS DRIVING - 1ST OFF	AMUF0FE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-TR-032089

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 PRADA, ULISES**

Address: 2909 W BURKE ST, TAMPA, FL 33614

Interpreter: Y N **Language:**

DOB: 1/6/2005 **Gender:** Male **Race:** White

DL: FL-T621840050060

Alias:

Warrant:

Date of Offense: 02/18/2026 **Date of Arrest:**

Charging Document Date: 2/19/2026

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**

WITNESS: **ISSUING AGENCY:** USF

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161936(2)(A) - 424 POSS OF OPEN CONT IN MV - DRVR	AMUF10E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-002891

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, EFRAIN**

Address: 6908 ALTAVISTA STREET, PORT RICHEY, FL 34668

Interpreter: Y N **Language:**

DOB: 5/24/2007 **Gender:** Male **Race:** White

DL: FL-T613183197000

Alias:

Warrant:

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

Charging Document Date: 5/25/2026

SOID: 01013021

In Custody: NO

Booking No: 2026-17633

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

Bond Type: SURETY

Bond Amount: $500.00

Bond Company: FISHER BAIL BOND CORP.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SCHOEB , MARIE SARTIANO **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007931

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, EFRAIN**

Address: 6908 ALTAVISTA STREET, PORT RICHEY, FL 34668

Interpreter: Y N **Language:**

DOB: 5/24/2007 **Gender:** Male **Race:** White

DL: FL-T613183197000

Alias:

Warrant:

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

Charging Document Date: 5/25/2026

SOID: 01013021

In Custody: NO

Booking No: 2026-17633

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

Bond Type: SURETY

Bond Amount: $150.00

Bond Company: FISHER BAIL BOND CORP.

Cash Bond Depositor:

PD APP / UNAPP /WDRAW **PA** **APD** **RC** SCHOEB , MARIE SARTIANO **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANNL5AE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007930

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, JOSEPH DANIEL**

Address: 5423 MAPLE LN, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 6/2/1991 **Gender:** Male **Race:** White

DL: FL-T620484912020

Alias: TORRES, JOSEPH D

Warrant:

Date of Offense: 05/25/2026 **Date of Arrest:** 05/25/2026

Charging Document Date: 5/26/2026

SOID:

In Custody: NO

Booking No: 2026-17722

Bond Out Date: 05/25/2026 **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** WILCOX , ELLIOTT ALBERT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** SPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(1) - 647 DUI - DRIV UND THE INFLUENCE	4605-XBG	WPNG	

SPEED:

BAC LEVEL: 0.299

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-TR-073826

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, JOSEPH DANIEL**

Address: 5423 MAPLE LN, TAMPA, FL 33610

Interpreter: Y N **Language:**

DOB: 6/2/1991 **Gender:** Male **Race:** White

DL: FL-T620484912020

Alias: TORRES, JOSEPH D

Warrant:

Date of Offense: 05/25/2026 **Date of Arrest:**

Charging Document Date: 6/2/2026

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** WILCOX , ELLIOTT ALBERT **ACA** **ASA**

WITNESS:

ISSUING AGENCY: SPD

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161925(1) - 455 CARELESS DRIVING	ANLZ2WE	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:

26-CT-007975

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, VANESSA LEE**

Address: 1302 CHILT DR, BRANDON, FL 33510
Interpreter: **Y** **N** **Language:**
DOB: 9/29/1992 **Gender:** Female **Race:** White
DL: FL-T224113590000
Alias: TORRES, VANESSA

Warrant:
Date of Offense: 04/23/2026 **Date of Arrest:** 04/23/2026
Charging Document Date: 4/25/2026
SOID: 00929269
In Custody: NO
Booking No: 2026-13721

Bond Out Date: 04/24/2026 **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** COURTNEY , PATRICK BOWLER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	3161939(1) - 646 REFUSE TO SUBMIT TO BAL TEST	ANEL41E	WPNG	

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-006398

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, VANESSA LEE**

Address: 1302 CHILT DR, BRANDON, FL 33510
Interpreter: **Y** **N** **Language:**
DOB: 9/29/1992 **Gender:** Female **Race:** White
DL: FL-T224113590000
Alias: TORRES, VANESSA

Warrant:
Date of Offense: 04/23/2026 **Date of Arrest:** 04/23/2026
Charging Document Date: 4/25/2026
SOID: 00929269
In Custody: NO
Booking No: 2026-13721

Bond Out Date: 04/24/2026 **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** COURTNEY , PATRICK BOWLER **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL:

☐ **Stipulated BAC Below .15**

FUTURE HEARINGS:

PENDING CASES:
26-CT-006397

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-LOPEZ, GABRIEL JOSE**

Address: 11710 N 17TH ST, TAMPA, FL 33612

Interpreter: Y N **Language:**

DOB: 1/31/2001 **Gender:** Male **Race:** Hispanic

DL: FL-T242867892000

Alias: TORRESLOPEZ, GABRIEL JOSE

Warrant:

Date of Offense: 05/19/2026 **Date of Arrest:**

Charging Document Date: 6/5/2026

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** BANGIEV, ALAN RUBEN; DEFENDER, PUBLIC **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: YOUNG, DYLAN THOMAS **ISSUING AGENCY:** TTPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316061(1) - 313 LV SCENE W/O GIVING INFO > $50 DMG	AN9TODE	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: TREJO MARINEZ, ANTELMO**

Address: 2810 LAMP RD, PLANT CITY, FL 33565

Interpreter: Y N **Language:**

DOB: 6/26/1975 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 04/13/2026 **Date of Arrest:**

Charging Document Date: 4/14/2026

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** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN8X52E	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: TREVETHAN, PATRICIA ANN**

Address: 5629 BROOKDALE WAY, TAMPA, FL 33625

Interpreter: Y N **Language:**

DOB: 12/11/1953 **Gender:** Female **Race:** White

DL: FL-T613681539510

Alias: TREVETHAN, PATRICIA A

Warrant:

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

Charging Document Date: 5/17/2026

SOID: 01012663

In Custody: NO

Booking No: 2026-16734

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

Bond Type: CASH

Bond Amount: $1,000.00

Bond Company:

Cash Bond Depositor: TREVETHAN, PATRICIA ANN

PD APP / UNAPP /WDRAW **PA** **APD** **RC** WETZEL , MARIBETH L.; GOLDMAN , SUMMER RAE **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS:

ISSUING AGENCY: HCSO

SET FOR: DISPOSITION AT 9:00:00 AM

HEARING COMMENTS:

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	316193(4) - 647 DUI BAL > 015 - 1ST OFF - FINE	ANBOA4E	WPNG	

SPEED:

BAC LEVEL: 0.155

☐ **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: TROWELL, CHRISTIAN CHADWICK**

Address: 30646 MCJUNKIN RD, DADE CITY, FL 33523

Interpreter: Y N **Language:**

DOB: 12/25/2002 **Gender:** Male **Race:** White

DL: FL-T640103024650

Alias:

Warrant:

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

Charging Document Date: 3/28/2026

SOID: 01010144

In Custody: NO

Booking No: 2026-10194

Bond Out Date: 03/27/2026 **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** BRAXTON , MICHAEL SCOTT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

SPEED:

BAC LEVEL: 0.165

☐ **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:** **TURCIOS ZALDIVAR, EVER ALEJANDRO**

Address: 7334 FILBERT LN, TAMPA, FL 33637

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

DOB: 6/8/2001 **Gender:** Male **Race:** White

DL:

Alias:

Warrant:

Date of Offense: 05/22/2026 **Date of Arrest:** 05/22/2026

Charging Document Date: 5/23/2026

SOID: 01012951

In Custody: NO

Booking No: 2026-17464

Bond Out Date: 06/02/2026 **BNDADD**

Bond Type: CASH

Bond Amount: $150.00

Bond Company:

Cash Bond Depositor: CABRERA, YOLANIS

PD APP / UNAPP /WDRAW **PA** **APD** **RC** MANCUSO , JAMES PHILLIP **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** TTPD

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

COUNT	OFFENSE DESCRIPTION	CITATION #	PLEA	DISPO
1	32203(1) - 623 NO DL - NEVER HAD ONE ISSUED	AN9TP5E	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: TURNER, JUSTIN WILLIAM TYLER**

Address: 22611 CLIFFSIDE WAY, LAND O LAKES, FL 34639

Interpreter: Y N **Language:**

DOB: 10/19/2001 **Gender:** Male **Race:** White

DL: FL-T656439013790

Alias:

Warrant:

Date of Offense: 06/14/2026 **Date of Arrest:** 06/14/2026

Charging Document Date: 6/15/2026

SOID: 01013998, 1013998

In Custody: NO

Booking No: 2026-20455

Bond Out Date: 06/14/2026 **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** WILCOX , ELLIOTT ALBERT **ACA** **ASA** COCKRELL , BROOKE ANN

WITNESS: **ISSUING AGENCY:** HCSO

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

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

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)**