

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

Enter each continuance here. In cases of multiple defendants indicate which defendants, if any, did not join in the continuance. Also indicate dates of all demands for trial, and by whom demands were made.

COURT: _____

| I.R. NUMBER | DEFENDANTS | AGE | DATE OF ARREST | CHARGE |
|-------------|------------------|-----|----------------|--------------------|
| 1648606 | Claxton Willimas | 49 | 3/11/2017 | Aggravated Battery |
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Date of offense 1/10/2017 Time 1045 hrs Place CCDOC Division 9, 2834 W 31st St, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 10 JAN 17, AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 9, INMATE/OFFENDER WILLIAMS, CLAXTON WAS BEING TRANSFERRED FROM HOLDING CELL #3 TO HOLDING CELL #4 BY C/O [REDACTED]. WHILE BEING ESCORTED CLAXTON SPIT STRIKING C/O [REDACTED] IN THE FACE AREA. NO FURTHER

WITNESSES: SPELL OUT FIRST AND LAST NAME; FIRST NAME FIRST
ALSO FURNISH ADDRESS AND PHONE NUMBER OF EACH WITNESS

PROSECUTING WITNESS: Inv. [REDACTED] [REDACTED] Chicago, Ill 60608 [REDACTED]

BOND: \$ Must be Set by ASST. STATE'S ATTY. _____ DATE _____

(Do Not Write In This Space---For State's Atty. Use Only)