

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

FELONY APPROVAL  
A.S.A. Maurice Alayo

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: TBD

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
<u>2099167</u>	<u>Ivy LIGHTFOOT</u>	<u>36</u>	<u>12/3/2016</u>	<u>AGGRAVATED BATTERY/P.O.</u>

Date of offense 12/3/2016 Time 1900 hrs Place CCDOC Division 08/RTU 2700 S California Ave Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

ON 03 DEC 16 AT THE DEPARTMENT OF CORRECTIONS IN DIVISION 08/RTU INMATE/OFFENDER LIGHTFOOT, IVY #20161006229 REFUSED VERBAL ORDERS TO EXIT THE DISPENSARY AFTER SHE WAS DENIED A BREATHING TREATMENT. C/O [REDACTED] MADE A CALL FOR ASSISTANCE VIA RADIO. C/O [REDACTED] III RESPONDED AND TRANSPORTED INMATE LIGHTFOOT TO A HOLDING CELL SO SHE COULD DE-ESCALATE. AS THE ELECTRONIC SLIDING DOOR WAS CLOSING INMATE LIGHTFOOT PROJECTED SPAT ON TO C/O [REDACTED] CHEST AREA. INMATE LIGHTFOOT REMAINED IN HOLDING CELL PENDING DISCIPLINARY ACTION. -NOTHING FURTHER-

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

PROSECUTING WITNESS: [REDACTED] [REDACTED] Chicago, IL 60608 [REDACTED]

BOND: \$ \_\_\_\_\_ ASST. STATE'S ATTY. \_\_\_\_\_ DATE \_\_\_\_\_

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