

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

A.S.A. Naik, G.

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: CCB

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1794835	Kinton JONES	23	5/15/2017	Aggravated Battery

Date of offense 2/27/2017 Time 0835 hrs Place 28334 W. 31st Street, Illinois

The facts briefly stated are as follows:

in committing a battery, in violation of Section 12-3 of Act 5 of Chapter 720 of the Illinois Compiled Statutes, while on tier 1F, C/O [redacted] observed JONES concealing something in his hand. JONES was escorted to the interlock area by C/O [redacted] in an attempt to find out what JONES was concealing. JONES refused multiple orders to open his hand, before finally complying with orders to open his hand. C/O [redacted] discovered JONES concealing a multiple amount of pills. C/O [redacted] confiscated the pills and at this time JONES threatened to spit on C/O [redacted] C/O [redacted] then attempted to place a spit mask on JONES. JONES resisted C/O [redacted]'s attempts at placing the spit mask on him, at this time JONES bit C/O [redacted] on the right thumb.

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

PROSECUTING WITNESS: Investigator [redacted] on [redacted] [redacted]

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

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