

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
1788369	Latayuss Curry	22	9/29/2016	Aggravated Battery X 2

Date of offense 6/20/2016 Time _____ Place _____, Illinois

The facts briefly stated are as follows:

ON 20 JUN 16, AT THE COOK COUNTY DEPARTMENT OF CORRCTIONS, DIVISION 9, C/O [REDACTED] AND C/O [REDACTED] WERE CONDUCTING THE FEED OF INMATES ON TIER 1F. UPON REACHING CELL # [REDACTED] TWO LUNCH TRAYS WERE GIVEN TO INMATE POUNCEY, DEVONTA THROUGH THE CHUCKHOLE. INMATE/OFFENDER CURRY, LATAYUSS THEN THREW FROM A MILK CARTON A MIXTURE OF URINE AND FECES STRIKING C/O [REDACTED] AND C/O [REDACTED] ON THE LOWER BODY AREA.

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

PROSECUTING WITNESS: Inv. [REDACTED] for 3026 S California Chicago, Ill 60608 [REDACTED]

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

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