

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
2049736	Lilearl Taylor	20	11/19/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 8/22/2016 Time 1455 hrs Place CCDOC Division 9 2834 W 31st St, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 22 AUG 16, AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, C/O [REDACTED] WAS DOING THE FINAL COUNT ON TIER 2D. C/O [REDACTED] APPROACHED CELL #2385 AND SAW INMATE/OFFENDER TAYLOR, LILEARL AT THE CHUCKHOLE WITH HIS ARM OUT, AND SQUIRT A CLEAR WHITE LIQUID, STRIKING C/O [REDACTED] ON HIS UNIFORM SHIRT AND PANTS.

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

PROSECUTING WITNESS: Inv. Madrid for C/O 3026 S. California 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)