

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

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.

(For State's Attorney Use Only)

FELONY APPROVAL

ASA J. Hernandez

06/01/2017

1148hrs

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1598897	Michael Raggs	37	6/1/2017	AGGRAVATED BATTERY

Date of offense 5/31/2017 **Time** 0950hrs **Place** Criminal Courts Facility, 2650 S. California Ave, Chicago IL , Illinois

The facts briefly stated are as follows:

In summary; Offender/Inmate Michael Raggs knowingly without legal justification spit on the right side of Deputy Sheriff [REDACTED] face and shirt while in the lock-up area behind courtroom 302 located in The Criminal Courts Building, 2650 S. California Ave, Chicago, Cook County, IL 60608. Offender/Inmate Raggs knowing that D/S [REDACTED] to be a peace officer engaged in the execution of his official duties.

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

PROSECUTING WITNESS: D/S [REDACTED] [REDACTED] [REDACTED]

D/S [REDACTED] [REDACTED] [REDACTED]

D/Sgt [REDACTED] [REDACTED] [REDACTED]

Inv. [REDACTED] [REDACTED] [REDACTED]

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

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