

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: Gamboney, M.

Date: 5/24/2017

Time: 7:51am

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1991703	Randy Doby	22	5/24/2017	Aggravated Battery

Date of offense 2/9/2017 Time 1:50am Place 2700 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [redacted] stated that Randy Doby, an inmate of the Cook County Department of Corrections, refused to be shackled to a bench while waiting to be triaged by medical staff. [redacted] stated that Correctional Sergeant [redacted] ordered [redacted] and Correctional Officer [redacted] to secure Doby to a bench by force and that Doby resisted. [redacted] stated that once secured, Doby spat upon both [redacted] and [redacted].

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

PROSECUTING WITNESS: _____

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

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