

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

**FELONY APPROVAL
A.S.A. KUNKEL, R.**

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
1924290	Sam JONES	21	11/18/2016	AGGRAVATED BATTERY

Date of offense 7/15/2016 **Time** 1045 hrs **Place** 2700 S. California Avenue Chicago, Illinois 60608, Illinois

The facts briefly stated are as follows:

without legal justification knowingly caused bodily harm to C/O [REDACTED] in that he refused to take his medication and refused to be placed in leather restraints. JONES was sprayed with O.C. for resisting then escorted to the shower for decontamination. While in the shower area JONES continued to resist and bit C/O [REDACTED] on the left hand and scratched his right wrist, knowing C/O [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: Investigator Trice #772 2700 S. California Avenue Chicago, Illinois [REDACTED]

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

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