

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
1438138	Buster Lacour	31	8/24/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 8/25/2016 Time 6:20pm Place 2950 S. California Av Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

_____ stated that Buster Lacour, while an inmate in the Cook County Department of Corrections, threw a liquid (suspect urine) onto the right side of _____ face and neck as _____ was carrying out his duties as a correctional officer. _____ stated that he walked to Lacour's cell and observed Lacour holding an empty cup.

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

PROSECUTING WITNESS: _____ 2950 S. California Av Chicago, IL 60608 _____
_____ Wheeling, IL 60090 _____

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

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