

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: CCB Br 98

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
<u>1885012</u>	<u>Devonta T Williams</u>	<u>23</u>	<u>2/28/2017</u>	<u>AGGRAVATED BATTERY</u>

Date of offense 7/24/2016 Time 8:30 pm Place CCDOC Division 9 2834 W 31st Chicago Il 60608, Illinois

**The facts briefly stated are as follows:**

without legal justification knowingly caused bodily harm to C/O [REDACTED] in that he struck C/O [REDACTED] in the face several times with his fist, 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: [REDACTED] [REDACTED] Chicago, Il 60608 [REDACTED]

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

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