

FELONY MINUTE SHEET
FORM 101

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A Alayo
1212 hrs on 24 May 16

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
1782447	Gianati Arguenta	24	5/23/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 5/23/2016 Time 1145 Place 2834 W. 31st Street CCDOC Division 9, Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

On 23 May 16 at the Cook County Department of Corrections Division 9, C/O [redacted] responded to the tier where inmate/offender Gianati Arguenta was housed for inmates refusing to lock up. Upon arrival on the tier, inmate/offender Arguenta became angry that the entire tier was ordered to lock up. Inmate/offender Arguenta then approached C/O [redacted] and punched him in the mouth causing him to fall and hit his head.

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

PROSECUTING WITNESS: [redacted] for 3026 S. California Ave. Chicago, IL 60608 [redacted]

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

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