

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

A.S.A Williams

08 Aug 17 @ 0815 hrs

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1886332	Jorge Garcia	25	7/31/2017	Aggravated Battery

Date of offense 4/17/2017 Time 1500 hrs Place CCDOC Division 8 2700 S. California Chicago, Illinois, 60608 , Illinois

The facts briefly stated are as follows:

On 17 Apr 17 at the Cook County Department of Corrections, Division 8, C/O [redacted] assisted with returning court returns back to their assigned tiers. C/O [redacted] approached offender/inmate Garcia, Jorge and secured him into handcuffs. Immediately after securing offender/inmate Garcia, Jorge into handcuffs, offender/inmate Garcia, Jorge without provocation spat in the face of C/O [redacted], striking him on the right side of the cheek, eye, and mouth. Nothing further.

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

PROSECUTING WITNESS: [redacted] [redacted] [redacted]

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

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