

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

ASA: K. Conniff

Date: 11/16/2016

Time: 8:40am

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1788369	Latayuss J Curry	23	11/16/2016	Aggravated Battery

Date of offense 9/10/2016 Time 10:19am Place 2834 W. 31st St. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional officer [redacted] stated that Latayuss Curry, an inmate of the Cook County Department of Corrections, was due to receive medication. [redacted] stated that as he opened Curry's cell door, Curry threw an unknown liquid (suspect urine and feces) onto [redacted] and correctional officer [redacted] from a juice container.

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

PROSECUTING WITNESS: [redacted] 2834 W. 31st St. Chicago, IL 60608 [redacted]
[redacted] 2834 W. 31st St. Chicago, IL 60608 [redacted]

BOND: \$ Must be Set by ASST. STATE'S ATTY. _____ DATE _____

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