

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: Arayo, M.

Date: 11/02/2016

Time: 8:47am

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
2014670	Ldarius Jenkins	23	11/2/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 7/7/2016 Time 8:00pm Place 2700 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [redacted] stated that Ldarius Jenkins, an inmate of the Cook County Department of Corrections, was involved in a fight with other detainees. [redacted] stated that Jenkins was handcuffed and separated from the other participants of the fight. [redacted] stated that Jenkins head butted [redacted]

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

PROSECUTING WITNESS: [redacted] 2700 S. California Av. 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)