

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A. Sanchez, Natalie

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

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
<u>1816851</u>	<u>Lorenzo D JONES</u>	<u>28</u>	<u>1/24/2017</u>	<u>Aggravated Battery</u>

Date of offense 11/11/2016 Time 1020 hrs Place 2834 W. 31st Street, Illinois

The facts briefly stated are as follows:

In committing a battery, in violation of Section 12-3 of Act 5 of Chapter 720 of the Illinois Compiled Statutes, JONES, Lorenzo being an inmate of the Cook County Department of Corrections, refused to allow Correctional staff to place another inmate in the cell with him, JONES placed a mattress against the cell door to block the officers from coming in. C/O [REDACTED] attempted to move the mattress to the side to deliver a burst of O.C. into the cell to gain compliance. JONES at this time threw feces/urine through the (chuckhole)tray server striking C/O [REDACTED], an employee of the Cook County Department of Corrections, knowing C/O [REDACTED] to be a peace officer engaged in the execution of his duties.

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

PROSECUTING WITNESS: Inv. [REDACTED] on behalf of [REDACTED] Street Chicago, Illinois 60608 [REDACTED]

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

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