

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

FELONY APPROVAL  
A.S.A. Rebecca Wiggers

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
1396646	Luis DELOSSANTOS	39	12/30/2016	AGGRAVATED BATTERY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 6/10/2016 Time 1255 hrs Place CCDOC Division 9 2834 W 31st St Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

ON 10 JUN 16 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS IN DIVISION 9 TIER 3-D INMATE / OFFENDER DELOSSANTOS, LUIS #20110119224 WHILE SECURED IN HIS CELL SPAT THROUGH THE OBSERVATORY WINDOW. THE SPIT LANDED ON TO C/O [REDACTED]'S ARM. C/O [REDACTED] WAS FULLY UNIFORM AND WORKING IN HIS OFFICIAL CAPACITY AS A COOK COUNTY CORRECTIONAL OFFICER. THE INCIDENT WAS CAPTURE ON FIXED CAMERA VIDEO IN ITS ENTIRETY. -NOTHING FURTHER-

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

PROSECUTING WITNESS: Inv. [REDACTED] for C/O [REDACTED] 3026 S California Chicago, IL 60608 773-674-6437

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

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