

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

A.S.A. Naik, G.

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
2184986	Malique CLARK	19	4/27/2017	AGGRAVATED BATTERY

Date of offense 1/23/2017 Time 2113 hrs Place 2801 S. Sacramento Chicago, Illinois 60608, Illinois

The facts briefly stated are as follows:

C/O [REDACTED] was on the tier locking up inmates and observed Inmate CLARK and Inmate MOORE engaging in a physical altercation, CLARK and MOORE refused direct orders to stop fighting, C/O [REDACTED] stepped between CLARK and MOORE in an attempt to stop the fight, Inmate CLARK without legal justification knowingly caused bodily harm to C/O [REDACTED], in that he struck C/O [REDACTED] in the face with his fist, knowing C/O [REDACTED] to be a peace officer engaged in the execution of his official duties.

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

PROSECUTING WITNESS: Investigator [REDACTED] for [REDACTED] Chicago, Illinois 60608 [REDACTED]

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

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