

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

**FELONY APPROVAL**

ASA: C. Hake

Date: 10/20/2016

Time: 9:08am

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             |
|-------------|----------------|-----|----------------|--------------------|
| 1867840     | Marquis Ceazer | 21  | 10/20/2016     | Aggravated Battery |
|             |                |     |                |                    |
|             |                |     |                |                    |
|             |                |     |                |                    |

Date of offense 8/14/2016 Time 8:00pm Place 3015 S. California Av. Chicago, IL 60608, Illinois

**The facts briefly stated are as follows:**

Correctional Office [redacted] stated that as Marquis Ceazer, an inmate of the Cook County Department of Corrections, entered his cell, Ceazer produced a bottle of an unknown liquid (suspect urine and feces). [redacted] stated that Ceazer sprayed the liquid into [redacted] face and eyes.

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

PROSECUTING WITNESS: [redacted] 3015 S. California Blvd. Chicago, IL 60608 773-674-6518

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

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