

Kane County Criminal Complaint Form

Please access the form at:

<https://cic.countyofkane.org/felony>



If there are any issues accessing the form, please contact:

Monica Lawrence: LawrenceMonica@co.kane.il.us

or

Samantha McMahan: McMahanSamantha@co.kane.il.us

Police Department Synopsis Sheet

Defendant/Incident Information

Fill out the top portion of the form with the Incident and Defendant information.

Fields marked with an asterisk (*) are required.

The Complaint Type will appear in the subject line of the email that the clerk receives. If Booking/Arrest Only is selected, the Clerk will not receive the charging documents. This would be used for charges where the Defendant will be booked and bond out or complaints that will be filed with the circuit clerk but do not need a warrant and are not for bond call.

The email that is entered will receive copies of the submitted complaint. The complaint will need to be printed, signed, and submitted to the circuit clerk as the originals.

POLICE DEPARTMENT SYNOPSIS SHEET										
Complaint Type *										
<input type="radio"/> Bond Call <input type="radio"/> Warrant <input type="radio"/> Warrant and Sealing <input type="radio"/> Booking/Arrest Only										
Police Agency *	Code			DCN No.						
<input type="text"/>	<input type="text"/>			<input type="text"/>						
Prepared by *	Email *			Authorizing ASA						
<input type="text"/>	<input type="text"/>			<input type="text"/>						
Place of Offense	Date of Offense			Time of Offense						
<input type="text"/>	<input type="text"/>			<input type="text"/> AM <input type="text"/>						
Police Report No.	Place of Arrest			Date of Arrest						
<input type="text"/>	<input type="text"/>			<input type="text"/> 						
Defendant Information										
Defendant:										
<input type="text"/>			<input type="text"/>				<input type="text"/>	<input type="text"/>		
Last Name			First Name				M.I.	Title		
<input type="text"/>			<input type="text"/>				<input type="text"/>	<input type="text"/>		
Street Address			Height		City		State		ZIP	
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Sex	DOB	ft.	in.	Weight	Hair	Eyes	Race			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Co-Defendant? <input type="radio"/> Yes <input type="radio"/> No					Was a motor vehicle involved? <input type="radio"/> Yes <input type="radio"/> No					

Offense Section

If there are Traffic citations related to the Felony or Misdemeanor charges, list the citation numbers here. Please remember to submit the original citations with the complaint documents.

The following ORIGINAL traffic citations will accompany this criminal complaint (Please list the citation numbers):

If the Complaint includes **only** Misdemeanor and Traffic offenses and they will be filed as local charges, select the *Yes* checkbox.

For Misdemeanor or Traffic Offenses ONLY: Will these charges be filed as Local offenses? Yes

Adding the Charges:

Offenses can be searched by the ILCS Number (statute) or Offense Title. Type the search criteria in the grey search field. Then click Search.

The search is limited to 100 offenses. If the charge that you are looking for does not appear when searching with the offense title, use the statute search for a more accurate search.

If using the statute number to search, be sure to put spaces before and after the ILCS or omit the chapter and ILCS

Example: 720 ILCS 5/12-3(a)(1) or 5/12-3(a)(1)

If the authorizing ASA has indicated that the offense will be filed with an inactive statute, click on the *Yes* checkbox.

Charge(s) Added

Search By:

ILCS Number Offense Title

ASA authorization received for use of inactive codes:

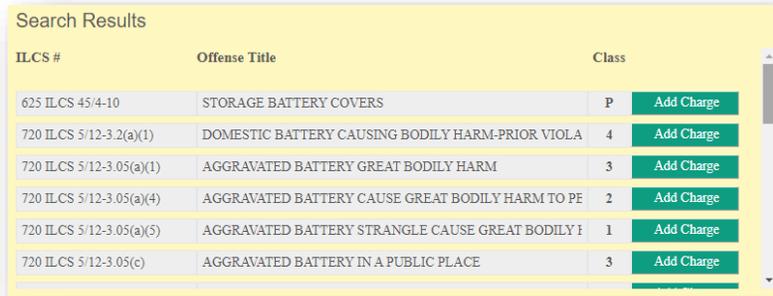
Yes

Battery

 Click Here to Search

The Statute, Offense Description, and Class will appear. Use the scroll bar to find the correct offense.

Click *Add Charge* to select the offense and add it to the complaint.



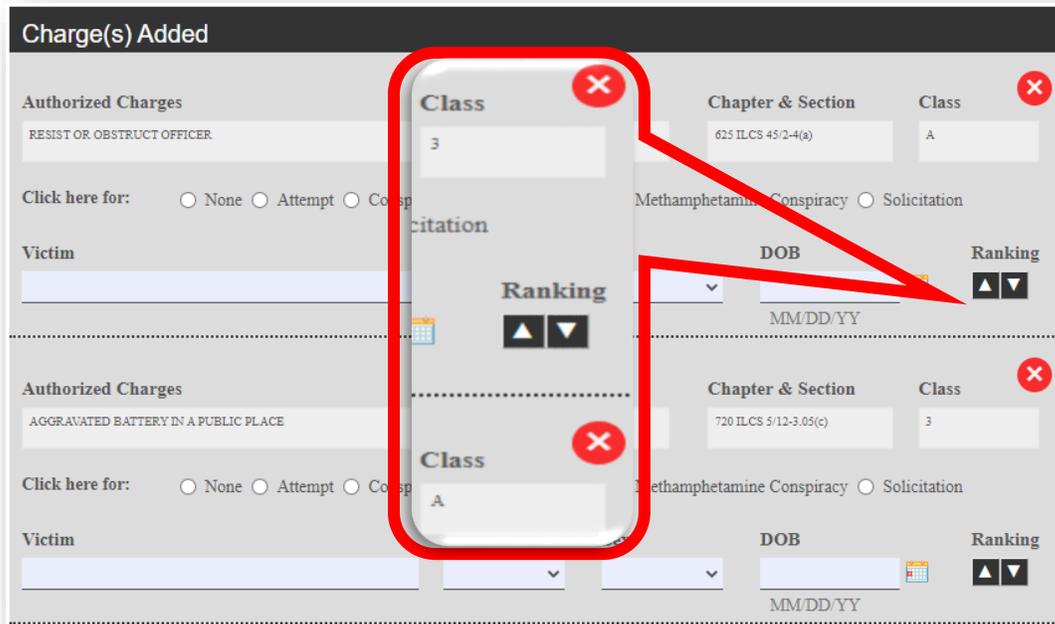
ILCS #	Offense Title	Class	
625 ILCS 45/4-10	STORAGE BATTERY COVERS	P	Add Charge
720 ILCS 5/12-3.2(a)(1)	DOMESTIC BATTERY CAUSING BODILY HARM-PRIOR VIOLA	4	Add Charge
720 ILCS 5/12-3.05(a)(1)	AGGRAVATED BATTERY GREAT BODILY HARM	3	Add Charge
720 ILCS 5/12-3.05(a)(4)	AGGRAVATED BATTERY CAUSE GREAT BODILY HARM TO PE	2	Add Charge
720 ILCS 5/12-3.05(a)(5)	AGGRAVATED BATTERY STRANGLE CAUSE GREAT BODILY I	1	Add Charge
720 ILCS 5/12-3.05(c)	AGGRAVATED BATTERY IN A PUBLIC PLACE	3	Add Charge

Continue searching for and adding charges until all are selected.

Charges must be listed in class order.

If the charges are not selected in class order, use the ranking arrows () to move the charges up and down to arrange in the correct order: (M, X, 1, 2, 3, 4, A, B, C, U, P)

If a charge was selected in error, click the Red X () to delete the charge.



Charge(s) Added

Authorized Charges
RESIST OR OBSTRUCT OFFICER

Click here for: None Attempt Conspiracy

Victim

Class  3

Chapter & Section 625 ILCS 45/2-4(a)

Class  A

Methamphetamine Conspiracy Solicitation

Ranking 

Authorized Charges
AGGRAVATED BATTERY IN A PUBLIC PLACE

Click here for: None Attempt Conspiracy

Victim

Class  A

Chapter & Section 720 ILCS 5/12-3.05(c)

Class  3

Methamphetamine Conspiracy Solicitation

Ranking 

For each offense:

- If it is being charged as an attempt, conspiracy, solicitation, etc., select the appropriate option.
- Indicate the victim information for each offense.

Incident Information:

Continue filling out the Synopsis Facts, Witness and Victim information and the Investigating Officer information. The synopsis will expand across multiple pages.

Synopsis Facts

Witness or Victim	Name and Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Investigating Officer(s)

Name	Address	Badge #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The verification section does not need to be filled out before submitting the form to the clerk. The originals will need to be signed and notarized.

Click **Next** to continue to the New Case Information Sheet.

Verification

I, the undersigned police officer/witness, on oath state that I have examined the above synopsis of this case, of which I have personal knowledge and or obtained information from other police officers or police reports, and the contents are true and correct.

SUBSCRIBED AND SWORN TO before me this

(Date)

Police Officer/Witness

NOTARY PUBLIC/JUDGE

Previous Next

If the DCN Number on the Synopsis Sheet was left blank, a warning will appear. If the DCN Number is available, please enter this number. If it is not available, this warning can be bypassed. Click **Okay** to

Warning

The DCN Number is left blank, please provide field information before submitting.

Okay

proceed to the New Case Information Sheet. Scroll to the bottom and click Next again.

New Case Information Sheet

IN THE CIRCUIT COURT FOR THE
SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS

Case No. _____

DCN No. **L5454646546**

NEW CASE INFORMATION SHEET

Was a motor vehicle involved?

Yes No

The following ORIGINAL traffic citations will accompany this criminal complaint (Please list the citation numbers):

List citation numbers on Synopsis Sheet

ALLEGED OFFENSE(S) BELOW

ALLEGED OFFENSE	CITATION	CLASS
AGGRAVATED BATTERY GREAT BODILY HARM	720 ILCS 5/12-3.05(a)(1)	3
RESIST OR OBSTRUCT OFFICER	625 ILCS 45/2-4(a)	A

A Municipal Corporation, Plaintiff,

VS.

DEFENDANT'S NAME (LAST)	(FIRST)	(M.I.)	(TI)
Schmo	Joe		
DEFENDANT'S ADDRESS			
123 There Over There, IL 60506			
DEFENDANT'S PHONE		DEFENDANT'S DOB	
		12/18/1975	

DEFENDANT'S PHYSICAL DESCRIPTION BELOW

RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR
B	M	5 ft. 5 in.	115 lb	Brown	Blond
PHYSICAL MARKS OR SCARS					
DEF DRIVER'S LIC NO.					

COMPLAINANT'S NAME	<input type="checkbox"/> Copy Investigating Officer's Info
COMPLAINANT'S ADDRESS	
COMPLAINANT'S PHONE	

AMOUNT OF BAIL	BOND TYPE	<input type="checkbox"/> ILCS	<input type="checkbox"/> LOCAL ORDINANCE
\$			

DATE OF OFFENSE
12/12/21

NEXT COURT DATE	HOUR	JUDGE

COURT LOCATION AND ADDRESS

ROOM NUMBER

POLICE AGENCY	POLICE REPORT NO.
Aurora Police Department	65465-64654

AUTHORIZING ASA	PREPARED BY
State Attorney	Ofc that will receive the Complain

CITY OR VILLAGE OF
PEOPLE OF THE STATE OF ILLINOIS

Use the drop-down to select
City of Village of for Local charges OR
People of Illinois for State charges

Some of the information entered on the Synopsis Sheet will auto-populate the New Case Information Sheet.

If the field is in grey, this information must be modified on the Synopsis Sheet.

Any field in blue, will need to be filled out.

If the Complainant is the Investigating Officer, click the checkbox to import the officer's information

After filling out the necessary information, click **Next** to view the Complaint Counts.

Previous

Next

Complaint Count(s)

The top part of the complaint will auto populate with information entered on the synopsis form.

IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS CRIMINAL DIVISION		
Plaintiff	VS	JOE SCHMO Defendant
Case No. _____		
Complaint		
COUNT 1		
In the name and by the authority of the People of the State of Illinois, the Kane County State's Attorney charges that on or about		
_____ , the above named defendant committed the offense of		
AGGRAVATED BATTERY GREAT BODILY HARM		
(Title of Charge)		3 (Class)
in violation of _____ 720 ILCS 5/12-3.05(a)(1) _____ of the Illinois Compiled Statutes, as amended in that		
defendant,		

The offense date will not auto-fill. Enter the correct offense date for each offense. This field is required.

If charging language has been provided, it will appear in the Charging language section.

More than likely there will be text that needs to be modified. Read the prepopulated text and modify it as needed.

Be sure to remove all special characters and brackets (< >).

(Charging language.)

knowingly resisted* the performance of <name> of an authorized act within his official capacity, being the arrest of <name>, knowing <name> to be a peace officer** engaged in the execution of his official duties, in that he pushed, shoved and bit <name>***.*or obstructed**or a correctional institution employee***specify acts

The notary and complainant sections on the last count of the completion will not be signed before submitting. Sign and date the originals that are filed with the circuit clerk's office.

Criminal Complaint Order

The Order will be filled out by the judge in court.

At the bottom of the order, there is a captcha and the Submit button. Confirm the captcha and then click Submit to send the complaint to the circuit clerk.

IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS
CRIMINAL DIVISION

Case No. _____

CITY OR VILLAGE OF _____ VS _____
Plaintiff Defendant

ORDER

Defendant appearing before the Court for a post-arrest hearing in person OR by video AND

with OR without the assistance of an interpreter, the Court finds and Orders as follows:

Defendant has been arrested on an outstanding warrant OR

Defendant has been arrested without a warrant AND the Court

- finds probable cause for detention for an offense OR (PRCSF)
- found probable cause at a prior hearing OR
- finds no probable cause in this matter and Defendant is to be released in this case only instanter and is ordered to appear at the time and location set forth below: (PCNF)(OREL)

The Defendant has been advised of the Defendant's right to have an attorney for this hearing, and requests to have an attorney provided. Therefore, the Public Defender's Office is appointed to represent the Defendant for the continuation of the post-arrest hearing at the time and location set forth below. This Order does not prohibit the jail/Sheriff from accepting bail set on the warrant (if applicable) or per Supreme Court Rule unless the Defendant's appearance is otherwise required by law or by the Court.

This matter is set for further proceedings on _____, at _____ before the Presiding Judge presiding

- Kane County Judicial Center, 37W777 Route 38, St. Charles, in Room
- Kane Branch Court, 530 S. Randall Rd., St. Charles
- Aurora Branch Court, 1200 E. Indian Trail, Aurora
- Elgin Branch Court, 150 Dexter Ct., Elgin

OR

The Defendant is not in custody and the People request the issuance of a warrant for the defendant. Probable cause has been found for the issuance of an arrest of the Defendant in this matter.

BAIL is set in amount of \$ _____ BOND TYPE _____

Geographic limitations to apply as set by currently applicable General Order, except as follows:

Entered: _____ (Date)

I'm not a robot 

Verify the captcha
before clicking Submit.

 I'm not a robot



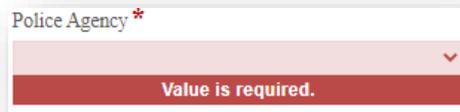
If there are any errors on the form, after clicking Submit, you will be brought to the errors.

If any of the fields on the Synopsis Sheet with an asterisk are not filled in, they will indicate that a value is required.



Prepared by *

Value is required.



Police Agency *

Value is required.

Be sure to select the correct Complaint Type. This will help the clerk prioritize the complaints.



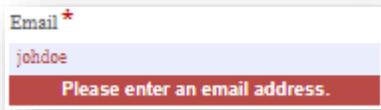
POLICE DEPARTMENT SYNOPSIS SHEET

Complaint Type *

Bond Call Warrant Warrant and Sealing Booking/Arrest Only

Value is required.

It is important to enter a valid email address. The complaint documents are not created until *after* it is submitted to the circuit clerk's office. The email address provided will receive a copy of the complaint documents. This is also the email that will receive the case number from the clerks after it is initiated.



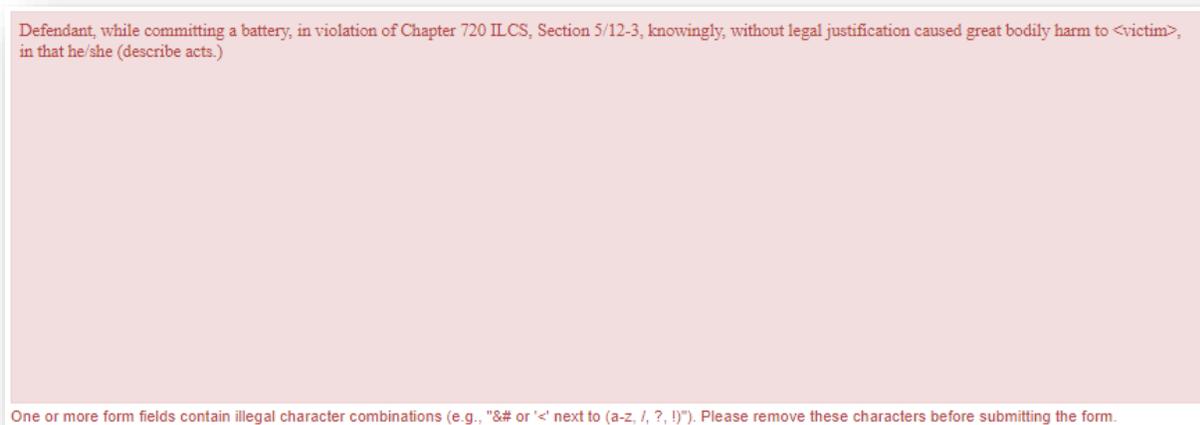
Email *

johndoe

Please enter an email address.

Other required fields: City/Village field on the New Case Information Sheet (if the case is filed as a Local charge); the Date of Offense field on each Complaint Count page.

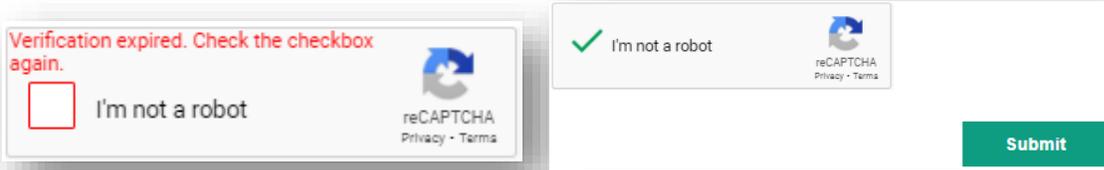
If there are any special characters in the charging language on the complaint count(s), they will need to be removed.



Defendant, while committing a battery, in violation of Chapter 720 ILCS, Section 5/12-3, knowingly, without legal justification caused great bodily harm to <victim>, in that he/she (describe acts.)

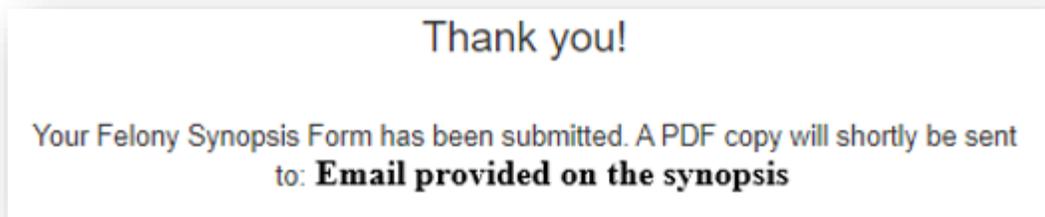
One or more form fields contain illegal character combinations (e.g., "&#" or '<' next to (a-z, /, ?, !)). Please remove these characters before submitting the form.

The captcha can time out if the submit button is not clicked soon after verifying the captcha. If this happens, simply re-verify by clicking the checkbox again. Then, click Submit.



After a successful submission of the form, a confirmation will appear.

The email with the completed complaint will come from **Laserfiche.Workflow@countyofkane.org**. If you are not receiving these emails, please have your agency IT white list this email.



This is not an email that is monitored. Please do not reply to this email address. As soon as the complaint is entered, the clerk will email the case number to the email that was provided on the synopsis.

The emailed copy of the complaint form will have page numbers and agency captions. Please circle the agency that the copy is intended for.

Be sure that the Clerk copy is the signed and notarized copy.