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: Monday – Friday 7a.m. to 7p.m. Monica Lawrence: LawrenceMonica@KaneCountyIL.gov Laura Steging: StegingLaura@KaneCountyIL.gov Sarah Schilke: schilkesarah@KaneCountyIL.gov Deb Chan: chandeb@KaneCountyIL.gov After Hours Monica Lawrence: 630-669-1296

> For User Name and Passwords: Contact SAO Authorization hotline

> > 1

Signing in

From our website page, you will click on the Kane County Criminal Complaint. This form can be used if Count One is a Criminal Felony (CF), Criminal Misdemeanor (CM) or Domestic Violence (DV).

Kane County Criminal Complaint

This will take you to a Laserfiche page for you to add your Agency assigned User Name and Password

Laserfiche

ROOT	
Username	
Password For	orgot password
This is a public computer	
□ I have an MFA code	
Sign In This is a public computer I have an MFA code 	

Once entered, press enter and it will take you to the form.

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 is used to notify the Court, if you released the defendant or if you are bringing them to Court for Conditions or Detention.

Email: Please make sure that you put in a good email address. This address is used to send you your copy of the complaint, along with a **Case Number and Judge Assignment**. The complaint will need to be printed, signed, and submitted to the circuit clerk as the originals

Date of Offense – if you only have 1 offense date – only fill out the first box. If the offense(s) were over a span of time – then fill out both. We are also trying to capture a couple of additional fields as well – if you are able to capture the information– ethnicity, phone numbers and email addresses.

					F 515 511			
	Notice to Appear	Court for Cond	Complaint	Type * 	ons 🗌 Warra	nt 🗌 Saal th	a Caza	
olice Agency *		Court for Cond	ode		DCN No.		ie Case	
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reparer Badge # *	Prepared by *		E	mail *		Auth	orizing ASA	
ace of Offense		Date of offe	nse *				Time of Offe	ense
			1000 11	to				AM
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Email

Notice to Appear

When choosing the 'Notice to Appear' radio button a new tab will appear at the end of the documentation.



🗹 Notice to Appear 🗌 Court for Conditions/Detention 🗌 Summons 🗌 Warrant 🗌 Seal the Case

Summons/Warrant/Seal the Case

If Summons, Warrant, and/or Seal the Case are marked, the Judge will need to sign an additional order before any Summons or Warrant will be issued, or the case is sealed.

POLICE DEPARTMENT SYNOPSIS SHEET

Complaint Type *

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?

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.

Yes

4

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 statue 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.

Search By: O ILCS Number O Offense Title	ASA authorization received for use of inactive codes:
	Q, 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.

LCS #	Offense Title	Class	
625 ILCS 45/4-10	STORAGE BATTERY COVERS	Р	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 F	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 ($\square \square$) 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 (\bigotimes) to delete the charge.

Charge(s) Added							
Authorized Charges *		Case	Туре	Cha 720 I	pter & Section	Class 4	8
Click here for: O None O Attempt O Conspir	racy 🔿 Drug C	Conspira	cy 🔿 Meth	amphetam	ine Conspiracy 🔘	Solicitation	L .
Victim	Race	~	Sex	~	DOB		Ranking
					MM/DD/YYYY	- •	
Authorized Charges *		Case	Туре	Cha	pter & Section	Class	8
PEDESTRIAN DISOBEYED TRAFFICE CONTROL DEVICE OR REGULA	TION	TR		6251	LCS 5/11-1001	P	-
Click here for: O None O Attempt O Conspir	racy 🔿 Drug C	conspira	cy 🔿 Meth	amphetam	ine Conspiracy 🔘	Solicitation	L
Victim	Je (s) Added ized Charges * Case Type Chapter & Section RESEARCH CAUSE ANIMAL DEATH CF 720 fLCS 548-2(o(1) re for: O None Attempt Conspiracy Drug Conspiracy Methamphetamine Conspiracy S Race Sex DOB Image: Sex DOB MM/DD/YYYY ized Charges * Case Type Chapter & Section IAN DISOBEYED TRAFFICE CONTROL DEVICE OR REGULATION TR 625 fLCS 5/11-1001 are for: O None Attempt Conspiracy Drug Conspiracy Methamphetamine Conspiracy S IAN DISOBEYED TRAFFICE CONTROL DEVICE OR REGULATION TR 625 fLCS 5/11-1001 5 are for: O None Attempt Conspiracy Drug Conspiracy Methamphetamine Conspiracy S Race Sex DOB Conspiracy S C S C S C S C S C S C S C S C S C S C S C S C S C S C S		Ranking				
		~		~	MM/DD/YYYY		

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
	~		
	¥		
	*		
		Investigating Officer(s)	
Name		Address	Badge #
Name			Badge #

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.

Verific	cation
I, the undersigned police officer/witness, on oath state that I have examined the obtained information from other police officers or police reports, and the conte	above synopsis of this case, of which I have personal knowledge and or nts 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 avaiable, please enter this number. If it is not avaiable, this warning can be bypassed. Click **Okay** to proceed to the New Case Information Sheet. Scroll to the bottom and click Next again.

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

6

New Case Information Sheet

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

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

Case No.

DCN No. L5454646546

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

Next

7

	×		
A Municipal Co	rporation, Plaintiff,		
	VS.		CITY OR VILLAGE OF Plaintiff, PEOPLE OF THE STATE OF ILLINOIS
EFENDANT'S NAME (LAST) (FIRST)	(M.I.) (Ti)	· · · · · · · · · · · · · · · · · · ·
chmo	Joe		Use the drop-down to select
FENDANT'S ADDRESS			
23 There Over There, IL 60506			City of Village of for Local charges OR
EFENDANT'S PHONE	DEFENDANT'S DOB		
	12/18/1975		People of Illinois for State charges
DEFENDANT'S PHYSIC.	AL DESCRIPTION BEL	LOW	
ACE SEX HEIGHT	WEIGHT EYES	HAIR	
M 5 ft. 5 in.	115 lb Brown	Blond	Some of the information entered on the
HYSICAL MARKS OR SCARS			Synonsis Sheet will auto-nonulate the M
			Case Information Chest
TO DO LEON LO NO			Case information sneet.
LF DRIVER'S LIC NO.			
EF DRIVER'S LIC NO.			If the field is in grey, this information mu
OMPLAINANTS NAME		Coov Investizating	If the field is in grey, this information mu
OMPLAINANT'S NAME		Copy Investigating Officer's Info	If the field is in grey, this information mube modified on the Synopsis Sheet.
DMPLAINANT'S NAME	_ c	Copy Investigating Officer's Info	If the field is in grey, this information mube modified on the Synopsis Sheet.
OMPLAINANT'S NAME	c	Copy Investigating Officer's Info	If the field is in grey, this information mube modified on the Synopsis Sheet. Any field in blue, will need to be filled ou
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DMPLAINANT'S NAME DMPLAINANT'S ADDRESS DMPLAINANT'S PHONE MOUNT OF BAIL BOND TYPE ATE OF OFFENSE 2/12/21 EXT COURT DATE HOUN	R JUDGE	Copy Investigating Officer's Info	If the field is in grey, this information mu be modified on the Synopsis Sheet. Any field in blue, will need to be filled ou If the Complainant is the Investigating Officer. click
OMPLAINANT'S NAME OMPLAINANT'S ADDRESS OMPLAINANT'S PHONE MOUNT OF BAIL BOND TYPE ATE OF OFFENSE 12/12/21 EXT COURT DATE HOUR	R JUDGE	Copy Investigating Officer's Info	If the field is in grey, this information mu be modified on the Synopsis Sheet. Any field in blue, will need to be filled or If the Complainant is the Investigating Officer, click the checkbox to import the
DMPLAINANT'S NAME DMPLAINANT'S ADDRESS DMPLAINANT'S ADDRESS DMPLAINANT'S PHONE MOUNT OF BAIL BOND TYPE ATE OF OFFENSE 2/12/21 EXT COURT DATE HOUR DURT LOCATION AND ADDRESS		Copy Investigating Officer's Info	If the field is in grey, this information mu be modified on the Synopsis Sheet. Any field in blue, will need to be filled or If the Complainant is the Investigating Officer, click the checkbox to import the
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OMPLAINANT'S NAME OMPLAINANT'S ADDRESS OMPLAINANT'S ADDRESS OMPLAINANT'S PHONE MOUNT OF BAIL BOND TYPE ATE OF OFFENSE 12/12/21 EXT COURT DATE HOUT OURT LOCATION AND ADDRESS OOM NUMBER OLICE AGENCY	R JUDGE POLICE REPOR	Copy Investigating Officer's Info	If the field is in grey, this information mu be modified on the Synopsis Sheet. Any field in blue, will need to be filled or If the Complainant is the Investigating Officer, click the checkbox to import the officer's information
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OMPLAINANT'S NAME OMPLAINANT'S ADDRESS OMPLAINANT'S ADDRESS OMPLAINANT'S PHONE MOUNT OF BAIL BOND TYPE ATE OF OFFENSE 12/12/21 EXT COURT DATE HOUR OURT LOCATION AND ADDRESS OOM NUMBER DLICE AGENCY Aurora Police Department UTHORIZING ASA	R JUDGE POLICE REPOR 65465-6465 PREPARED BY	Copy Investigating Officer's Info	If the field is in grey, this information mu be modified on the Synopsis Sheet. Any field in blue, will need to be filled or If the Complainant is the Investigating Officer, click the checkbox to import the officer's information

Previous

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

IN TI	IE CIRCUIT COURT I KAN CR	FOR THE SIXT E COUNTY, ILI IMINAL DIVIS	EENTH JUDICIAL CIRCUIT LINOIS ION	
		VS	JOE SCHMO	
P	aintiff		Defendant	
	Case No.			
		Complaint		
		COUNT 1		
in the name and by the author	rity of the People of the State of Illir	nois, the Kane County Stat	e's Attorney charges that on or about	
	, the above named defen	dant committed the offens	e of	
	AGGRAVATED BAT	TERY GREAT BODILY	HARM	3
	(Title of Charge)		(Class)
in violation of	720 ILCS 5/12-3.05(a))(1)	of the Illinois Compiled Statutes, as amended in that	t
defendant,				

The offense date will auto-fill. If the offense date is different for each count 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 (<>).



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

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Notice to Appear

If the box for 'Notice to Appear' was marked, you will need to fill out the Notice to Appear paperwork. After you receive your packet, fill out the Notice to Appear with the Judge and courtroom location. Make the necessary copies as needed. The original signed copy is to be filed with the clerk.

IN THE (nopsis Sheet New	Case Information URT FOR T KANE CO CRIMIN	Sheet C THE SI UNTY, JAL DI	omplaint Count(s) IXTEENTH J , ILLINOIS IVISION	Notice to Appear	
				Case No		
			VS			
1	Plaintiff				Defendant	
		NOTIC	E TO A	PPEAR		
You, the above name	d defendant, are hereb	y notified to appear	at the follov	ving court date on	at	
	AM 🗸 i	n room		of the		
 Kane Cou Kane Braz Aurora Br Elgin Braz 	ich Court, 530 S. Rand anch Court, 1200 E. In ich Court, 150 Dexter	all Rd., St. Charles dian Trail, Aurora Ct., Elgin	onaries, iff	AOOH		
	If you Fail to Ap	pear, the court may	y issue a Su	mmons or Warrant fo	or your arrest.	
This Complaint a	nd Notice to Appear w	as personally served	l on the abo	ve named defendant on	P	
This Complaint a	nd Notice to Appear w	as mailed to the def	endant addr	ess that was given.		
Entered:						
10/13/23				78.	Sign	
(Date)				(Signa)	ture of Peace Officer)	
vious						Ne
1003						
			Submit			

Click on the Submit button either on the last page of the complaint or at the bottom of the Notice to Appear.

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. Be sure to select the correct Complaint Type.

Prepared by *	Police Agency *	
Value is required.	Value is required.	
Notice to Appear	Complaint Type * Court for Conditions/Detention Summons Warrant Seal the Case	
<u>.</u>	Value is required.	
Email *		
johdoe Please enter an email address.		

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 is it initiated. 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. 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.

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

Thank you!

Your Felony Synopsis Form has been submitted. A PDF copy will shortly be sent

to: Email provided on the Synopsis

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.

After the complaint is accepted you will get an email sent to the email that you provided on the form. This will include a pdf form of the complaint to be printed, signed, Notarized and given to the appropriate parties. Please print out a copy for each party and circle the correct party caption, located at the bottom of each page.

Page 1 of 10	Clerk	Police Department	Defendant	State's Attorney

The email will also contain a case number and Judge assignment. It will look like this

Subject	FW: Felony Synopsis ID: 124282			
Attached	Felony Synopsis Form - 124282.pdf 188 KB			
Subject: EX: Felony Synopsis ID: 124282				
Attached is the Felony Synopsis Form (Form ID: 124282) submitted on 12/30/2022 1:35 PM.				
Case Number: 2022-CF-000407 Judge Name: Kliment, David P				

If something errors, you may receive a copy back with this information. If you are not releasing on site, and will be bringing them before the court – The deputy clerk will be filing the case. If it is needed for immediate release, Please contact us.



Attached is the Felony Synopsis Form (Form ID: 124185) submitted on 12/29/2022 1:26 PM.

Case Number: TBD Judge Name: