

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Dall

Date: 11/22/2016

Time: 1:42pm

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
1701989	Aaron E Jackson	26	11/22/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 10/2/2016 Time 7:45am Place 2950 S. California Av. Chicago, IL 60608, Illinois

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

Correctional office [redacted] stated that he escorted Aaron Jackson, an inmate of the Cook County Department of Corrections, to his cell. [redacted] stated that he ordered Jackson to place his hands on the wall of his cell once unrestrained. [redacted] stated that after removing handcuffs from Jackson, Jackson punched [redacted] in the chest.

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

PROSECUTING WITNESS: [redacted] 2950 S. California Av. Chicago, IL 60608 [redacted]

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

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