

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

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.

(For State's Attorney Use Only)

**FELONY APPROVAL**

ASA: Potter  
Date: 9/15/16  
Time: 9:06 am

COURT: \_\_\_\_\_

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1299447	Cordarryl Stevenson	27	9/15/2016	Aggravated Battery

Date of offense 4/23/2016 Time 10:20am Place 2700 S. California Av. Chicago, IL 60608, Illinois

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

██████████ stated that, while working at Cermak Hospital in the Cook County Department of Corrections, Cordarryl Stevenson, an inmate of the Cook County Department of Corrections, became involved in a disturbance with other inmates. ██████████ stated that Cordarryl Stevenson refused to be moved or shackled. ██████████ stated that Cordarryl Stevenson stood from a bench and spat into ██████████ face.

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

PROSECUTING WITNESS: ██████████ 3026 S. California Av Chicago, IL 60608 ██████████

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

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