

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Allayo, M.

Date: 10/21/2016

Time: 8:00am

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
2108899	Denita James	24	10/21/2016	Aggravated Battery

Date of offense 6/3/2016 Time 6:00pm Place 2700 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [redacted] stated that Denita James, an inmate of the Cook County Department of Corrections, became disruptive during a therapy group conducted by mental health specialist [redacted] stated that [redacted] intervened when James approached [redacted] stated that while attempting to gain control of James, James kicked [redacted] the right thigh.

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

PROSECUTING WITNESS: [redacted] 2700 S. California Av Chicago, IL 60608 [redacted]

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

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