

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A. Patricia Berlin

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: CCB/Br 98

| I.R. NUMBER | DEFENDANTS | AGE | DATE OF ARREST | CHARGE |
|-------------|---------------|-----|----------------|--------------------|
| 1019703 | Robert POWELL | 54 | 9/29/2016 | Aggravated Battery |
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Date of offense 6/16/2016 Time 0747 hrs Place 2700 S California Ave Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

On 16 Jun 2016 at the Department of Correction in Division 8/Cermak, inmate/offender POWELL, Robert during a handcuffing procedure turned and grabbed C/O [REDACTED] in the neck area causing a struggle to ensue. C/O [REDACTED] along with assistance of several other correctional officers restrained POWELL via handcuffing without further incident. Inmate Powell was placed in a staging area of Cermak Hospital where all detainee must be schakled and handcuffed to the back per standard operational procedures. C/O [REDACTED] sustained a scratch on left side of his neck. -Nothing Further-

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

PROSECUTING WITNESS: In [REDACTED] on behalf of 3026 S California Ave Chicago, IL 60608 [REDACTED]

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

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