

FELONY MINUTE SHEET
FORM 101

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Ramirez, J.

DATE: 11/26/2016

Time: 9:18am

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
1839124	Troy A Thomas	22	11/26/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 11/26/2016 Time 8:07pm Place 2834 W. 31st St. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional [REDACTED] stated that Troy Thomas, an inmate of the Cook County Department of Corrections, refused to return to his cell. [REDACTED] stated that Thomas spat into the faces of [REDACTED] and Correctional Officer [REDACTED]

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

PROSECUTING WITNESS: [REDACTED] 2834 W. 31st St. Chicago, IL 60608 [REDACTED]

[REDACTED] 2834 W. 31st St. 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)