

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

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
1624133	William Washington	25	9/22/2016	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 6/25/2016 Time 2130 hrs Place 2834 W 31st St, Chicago Ill 60608, Illinois

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

ON 10 JUN 15 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 9, TIER 1F, INMATE/OFFENDER WASHINGTON, WILLIAM WHO WAS HOUSED ALONE IN CELL # 1225, THREW A MILK CARTON FILLED WITH URINE STRIKING C/O [REDACTED] ON HIS BACK, URINE SPLASHING ON HIS UNIFORM SHIRT AND PANTS. NO FURTHER

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

PROSECUTING WITNESS: Inv [REDACTED] for 3026 S. California Chicago, Ill 60608 773-674-4771

BOND: \$ \_\_\_\_\_ ASST. STATE'S ATTY. \_\_\_\_\_ DATE \_\_\_\_\_

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