

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A. CUNNEEN, K.

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

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
<u>2303811</u>	<u>Aaron TURNER-HOLMES</u>	<u>19</u>	<u>6/7/2017</u>	<u>Aggravated Battery</u>

Date of offense 2/19/2017 Time 1212 Place Division 9 Tier 1F, 2834 W. 31st Street Chicago, IL. 60608, Illinois

The facts briefly stated are as follows:

in committing a battery, in violation of Section 12-3 of Act 5 of Chapter 720 of the Illinois Compiled Statutes, knowingly caused bodily harm to Correctional Officer [REDACTED], in that he struck Correctional Officer [REDACTED] in the face with his head, causing swelling to his right eye, right cheek and nose, knowing Correctional Officer [REDACTED] to be a peace officer engaged in the execution of his official duties.

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

PROSECUTING WITNESS: [REDACTED]

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

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