

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
ASA Tran, 28 Nov 16 1137 hrs

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>1489152</u>	<u>Andrea Brown</u>	<u>25</u>	<u>11/28/2016</u>	<u>AGGRAVATED BATTERY</u>

Date of offense 11/13/2016 Time 2055hrs Place 2800 S. California Ave, Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

On Nov 13th, 2016, defendant BROWN, Andrea without legal justificaiton knowingly caused bodily harm to Deputy [REDACTED], at the Cook County Department of Corrections, Divison 08RTU, Tier 5A, in that she threw urine onto Deputy [REDACTED] body and uniform, knowing Deputy [REDACTED] to be a peace officer engaged in the execution of her offical duties.

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

PROSECUTING WITNESS: [REDACTED] o, 3026 S. California Ave., building 5 Chicago, [REDACTED]

[REDACTED]	3026 S. California Ave., Chicago, IL 60608	[REDACTED]
[REDACTED]	3026 S. California Ave., Chicago, IL 60608	[REDACTED]
[REDACTED]	3026 S. California Ave., Chicago, IL 60608	[REDACTED]

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

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