

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Lopez, L.

Date 02/22/2017

Time: 7:56am

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
2343713	Carmen E Matace	52	2/22/2017	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 2/22/2017 Time 5:20pm Place 2700 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [REDACTED] stated that [REDACTED], an inmate of the Cook County Department of Corrections, was removed from her tier for causing a disturbance. [REDACTED] stated that she escorted Matace to a holding cell. [REDACTED] stated that once in the holding cell, Matace kicked [REDACTED] in her right knee three times.

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

PROSECUTING WITNESS: [REDACTED] 2700 S. California Av. Chicago, IL 60608 (773) [REDACTED]

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

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