

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

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
1182723	Daniel Vueluas	29	9/29/2016	Aggravated Battery

Date of offense 4/19/2016 Time 9:02am Place 2950 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

\_\_\_\_\_ stated that, Daniel Vueluas, an inmate of the Cook County Department of Corrections, entered the Division 10 Tier 2D interlock to receive his medication from nurses \_\_\_\_\_ and \_\_\_\_\_. \_\_\_\_\_ stated that another inmate entered the interlock from the hallway and passed notes to Vueluas without permission. \_\_\_\_\_ stated that Vueluas refused orders to surrender the notes. \_\_\_\_\_ stated that Vueluas spat upon \_\_\_\_\_ chest and legs.

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

PROSECUTING WITNESS: \_\_\_\_\_ 2950 S. California Av Chicago, IL 60608 \_\_\_\_\_

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

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