

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

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.

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Kunkel
Date: 5/10/2017
Time: 9:22 am

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1961003	Derrick Allman	22	5/10/2017	Aggravated Battery

Date of offense 5/4/2017 Time 6:51pm Place 2834 W. 31st St. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [REDACTED] stated that he opened a cell door for an inmate returning from an attorney visit. [REDACTED] stated that Derrick Allman, an inmate of the Cook County Department of Corrections, pushed out of the opened cell and punched [REDACTED] in the face.

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

PROSECUTING WITNESS: _____

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

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