

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Hake

Date: 01/11/2017

Time: 6:53am

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 |
|-------------|-----------------|-----|----------------|--------------------|
| 1630360 | Deshawn Johnson | 28 | 1/11/2017 | AGGRAVATED BATTERY |
| | | | | |
| | | | | |
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Date of offense 10/31/2016 Time 12:57pm Place 2950 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [redacted] stated that Deshawn Johnson, an inmate of the Cook County Department of Corrections, attempted to enter the intake area of Division 10 without permission. [redacted] stated that he held his arm out to stop Johnson. [redacted] stated that Johnson pushed passed [redacted]. [redacted] stated that Johnson struck [redacted] in the face with Johnson's elbow and fists.

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

PROSECUTING WITNESS: [redacted] [redacted] Chicago, IL 60608 [redacted]

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

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