

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: Fox, K.
Date: 11/30/2016
Time: 10:30pm

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1558037	Joseph Morales	53	11/30/2016	AGGRAVATED BATTERY

Date of offense 9/7/2016 Time 10:30am Place 2700 S. California Av. Chicago, Illinois

The facts briefly stated are as follows:

Correctional officer [redacted] stated that Joseph Morales, an inmate of the Cook County Department of Corrections, was being transferred from the fourth floor of Division 08 to the second floor. [redacted] stated that once escorted to a cell on Tier 2E, Morales was placed face down on a bed so that his restraints could be removed. [redacted] stated that as he removed Morales' handcuffs, Morales scratched [redacted]'s left forearm with his fingernails.

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 [redacted]

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

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