

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Shapiro

Date: 01/05/2017

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 |
|-------------|-----------------|-----|----------------|--------------------|
| 1333793 | Lester Jennings | 31 | 1/5/2017 | Aggravated Battery |
| | | | | |
| | | | | |
| | | | | |

Date of offense 10/28/2016 Time 11:00am Place 2950 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [redacted] stated that Lester Jennings, an inmate of the Cook County Department of Corrections, refused to return to his cell and approached [redacted] with balled fists. [redacted] stated that he pushed Jennings away to create distance and that Jennings slapped [redacted]'s arm with his hand. [redacted] stated that Jennings approached him a second time. [redacted] stated that he pushed Jennings away to create distance and Jennings slapped [redacted]'s arm with his hand once again.

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

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