

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Hernandez, J.

Date: 6/6/2017

Time: 9:26am

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
1816851	Lorenzo D Jones	27	6/6/2017	Aggravated Battery

Date of offense 2/3/2017 Time 6:24pm Place 2700 S. California Av. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Sergeant [REDACTED] stated that Lorenzo Jones, an inmate of the Cook County Department of Corrections, arrived on floor 2 North of Cermak Hospital wearing a uniform covered in feces. [REDACTED] stated that medical staff ordered that Jones remove the soiled uniform and be placed into a safety smock. [REDACTED] stated that Jones refused to remove the uniform and spat in the direction of correctional staff. [REDACTED] stated that he sprayed Jones with oleoresin capsicum. [REDACTED] stated that Jones punched him in the face and upper body with closed fists.

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

PROSECUTING WITNESS: [REDACTED]

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

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