

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

**ASSISTANT STATE'S ATTORNEY:**

(For State's Attorney Use Only)

**FELONY APPROVAL**

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.

ASA:  
Date:  
Time:

COURT: \_\_\_\_\_

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
2206930	Marquist D Buckner	26	4/14/2017	Aggravated Battery

Date of offense 9/9/2016 Time 6:10 pm Place 2700 S. California Av. Chicago, IL 60608, Illinois

**The facts briefly stated are as follows:**

Correctional Officer [REDACTED] stated that Marquist Buckner, an inmate of the Cook County Department of Corrections, became agitated with correctional staff while awaiting medical treatment in the Cermak Hospital staging area. [REDACTED] stated that Buckner spat in [REDACTED]'s face.

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

PROSECUTING WITNESS: \_\_\_\_\_

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

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