

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
Williams @ 0858 hours on
02/28/2017

COURT: CCB Branch 98

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1924290	Sam M Jones	21	2/28/2017	AGGRAVATED BATTERY

Date of offense 9/22/2016 **Time** 4:45pm **Place** CCDOC Division 8 2700 S California Ave Chicago Il 60608 , Illinois

The facts briefly stated are as follows:

without legal justification knowingly caused bodily harm to C/O [REDACTED] in that he grabbed C/O [REDACTED] by his arm causing him to fall which resulted in the injury of his right shoulder, knowing C/O [REDACTED] to be a peace officer engaged in the execution of his official duties.

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

PROSECUTING WITNESS: C/O [REDACTED] 2700 S California Ave Chicago, Il 60608 [REDACTED]

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

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