

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY: (For State's Attorney Use Only)

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
1142376	Matthew Herrod	37	3/1/2017	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 12/9/2016 Time 0740 hrs Place CCDOC Division 8, 2700 S California Ave, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 9 DEC 16 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 8, TIER 2S, C/O [REDACTED] WAS PASSING OUT FOOD TRAYS TO INMATES IN THE DAYROOM. INMATE/OFFENDER MATTHEW HERROD APPROACHED FOR HIS FOOD AND ATTEMPTED TO GRAB MORE FOOD FROM THE FOOD CART. C/O [REDACTED] ORDERED HERROD TO STOP. HERROD PROCEEDED TO PUNCH C/O [REDACTED] IN THE FACE AREA. NO FURTHER

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

PROSECUTING WITNESS: Inv. [REDACTED] [REDACTED] Chicago, Ill 60608 [REDACTED]

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

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