

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: Ramirez, J.  
Date: 11/09/2016  
Time: 7:33am

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

| I.R. NUMBER | DEFENDANTS       | AGE | DATE OF ARREST | CHARGE             |
|-------------|------------------|-----|----------------|--------------------|
| 2221518     | Maureen Connolly | 38  | 11/9/2016      | Aggravated Battery |
|             |                  |     |                |                    |
|             |                  |     |                |                    |
|             |                  |     |                |                    |

Date of offense 4/25/2016 Time \_\_\_\_\_ Place 2700 S. California Av Chicago, IL 60608, Illinois

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

Correctional officer [redacted] stated that Maureen Connolly, an inmate of the Cook County Department of Corrections, began to pace about floor 2 West of Cermak Hospital. Correctional officer [redacted] stated that nurs [redacted] decided to [redacted] [redacted] stated that she and [redacted] escorted Connolly to her cell [redacted] stated that Connolly punched both [redacted] and [redacted] in their faces while in the cell.

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

PROSECUTING WITNESS: [redacted] 2700 S California Av Chicago, IL 60608 [redacted]  
[redacted] 2700 S California Av 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)