

SUPERIOR COURT

MARICOPA COUNTY, ARIZONA

STATE OF ARIZONA	Plaintiff	ARREST WARRANT
vs		CASE NO.
ANDREW CHARLES CHAMBERS (001),		SGJ No. 81 SGJ 240
Defendant (First, MI, Last)		

TO: ANY AUTHORIZED LAW ENFORCEMENT OFFICER,
YOU ARE COMMANDED to arrest and bring the defendant before this court. If this court is unavailable or if the arrest is made in another country, you shall take the defendant before the nearest or most accessible Magistrate.
 The defendant is accused of an offense or violation based on the following:

INDICTMENT

The offense(s) or violation(s) are briefly described as follows:

CHARGES:

COUNTS 1 and 5: BURGLARY IN THE THIRD DEGREE, Class 4 Felonies, in violation of A.R.S. § 13-1506, were committed on or about March 31, 2017
COUNT 2: THEFT, a Class 5 Felony, in violation of A.R.S. § 13-1802, was committed on or about March 31, 2017
COUNTS 3 and 7: POSSESSION OF BURGLARY TOOLS, Class 6 Felonies, in violation of A.R.S. § 13-1505, were committed on or about March 31, 2017
COUNTS 4 and 8: AGGRAVATED CRIMINAL DAMAGE, Class 6 Felonies, in violation of A.R.S. § 13-1604, were committed on or about March 31, 2017
COUNT 6: THEFT, a Class 1 Misdemeanor, in violation of A.R.S. § 13-1802, was committed on or about March 31, 2017

The defendant may be released if a **\$15,000.00 - SECURED APPEARANCE** bond is posted by or on behalf of the accused, OR

- The defendant is not eligible for release on bond.
- Yes No Unknown The offense is, or is materially related to, a Victims' Rights applicable offense.

BY ORDER OF: _____

Court Ordered Date

Deputy Clerk

SEX: MALE	RACE: WHITE	DOB: [REDACTED]/1963	HGT: 6'03"	WGT: 180	EYES: BLUE	HAIR: BLONDE
ADDRESS (L/K): [REDACTED] Sioux Falls, SD 57104						
COURT ORI:			WARRANT #:		EXTRADITION: NCIC	
DL #:			STATE:		PURGE DATE:	
LE AGENCY: CHANDLER PD			CITATION:		LAST 4 DIGITS SSN: 3237	
DR #: 17-38679						

CERTIFICATE OF EXECUTION

I certify that the defendant was arrested at _____ on _____, 20____,
 (month) (day) (year)
 and presented defendant before Judge _____ at _____.

Date

Agency

Deputy Sheriff/Officer

Badge #