

Printed on 09/26/2020 10:16:44 PM

File No. <b>20CR 054317</b>		Law Enforcement Case No. 2020090135	LID No.	SID No.	FBI No.
<b>WARRANT FOR ARREST</b>		GRAHAM POLICE DEPARTMENT			
Offense I M-WEAPONS AT PARADES, ETC. II M-CARRYING CONCEALED GUN(M)		STATE OF NORTH CAROLINA In The General Court Of Justice District Court Division  ALAMANCE County			
<b>THE STATE OF NORTH CAROLINA VS.</b>		To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below: I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did POSSESS AND HAVE IMMEDIATE ACCESS TO A DANGEROUS WEAPON, A BLACK IN COLOR HANDGUN, WHILE PARTICIPATING IN A DEMONSTRATION IN A PUBLIC PLACE OWNED AND CONTROLLED BY THE LOCAL GOVERNMENT. <b>VD ( <del>2005</del>; 50 CS)</b>			
Name And Address Of Defendant RUSSEL PAUL BRADY 2843 S NC HIGHWAY 87 TRLR 21 GRAHAM NC 27253 ALAMANCE COUNTY		I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did carry concealed about the defendant's person while off the defendant's own premises a gun, A BLACK IN COLOR HANDGUN. <b>VD ( <del>2005</del>; 50 CS)</b>			
Race W	Sex M	Date Of Birth 10/02/1996	Age		
Social Security No./Tax ID No. 246-83-7453		Drivers License No. & State 35276885 NC			
Name Of Defendant's Employer					
Offense Code(s) I 5299 II 5240		Offense In Violation Of G.S. I 14-277.2 II 14-269(A1)			
Date Of Offense 09/19/2020					
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 09/26/2020 1613UCX					
Complainant (Name, Address Or Department) N SAKIN GRAHAM POLICE DEPARTMENT 216 S MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6711					
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)					
Signature H B RODGERS		Location Of Court Alamance County Courthouse; CRMB 212 W ELM ST GRAHAM, NC 27253		Court Date 10/20/2020	
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan	Date Issued 09/23/2020	<input checked="" type="checkbox"/> Magistrate	<input type="checkbox"/> Deputy CSC	Court Time 09:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court		

(over)

ORIGINAL COPY

If this Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

District Attorney

- Waived
- Not Indigent
- Denied

Attorney For Defendant

- Appointed
- Retained

**PRIOR CONVICTIONS:**

No./Level: 0  I (0)  II (1-4)  III (5+)

**RETURN OF SERVICE**

I certify that this Warrant was received and served as follows:

Date Received	Date Served	Time Served	Date Returned
9/26/20	9/26/20	10:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

Councilman

This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Name Of Officer (type or print)

[Signature]

N Sakin

Department Or Agency Of Officer

Graham Police

**REDELIVERY/REISSUANCE**

Date

Signature

- Dep. CSC
- Assist. CSC
- CSC

**RETURN FOLLOWING REDELIVERY/REISSUANCE**

I certify that this Warrant was received and served as follows:

Date Received	Date Served	Time Served	Date Returned
		<input type="checkbox"/> AM <input type="checkbox"/> PM	

By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return

Name Of Officer (type or print)

Department Or Agency Of Officer

**APPEAL ENTRIES**

The defendant, in open court, gives notice of appeal to the

District  Superior Court.

The current pretrial release order is modified as follows:

Date

Signature Of District Court Judge Or Magistrate

**WAIVER OF PROBABLE CAUSE HEARING**

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived

Signature Of Defendant

Signature Of Attorney

PLEA:  guilty  no contest

guilty  no contest

guilty  no contest

not guilty

VERDICT:  guilty

guilty

guilty

not guilty

M.CL.  A1  1  2  3

M.CL.  A1  1  2  3

M.CL.  A1  1  2  3

M.CL.  A1  1  2  3

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is ORDERED that the defendant:

pay costs and a fine of \$ \_\_\_\_\_.

be imprisoned for a term of \_\_\_\_\_ days in the custody of the  sheriff.  MCP.  DACJJ.\* Pretrial credit \_\_\_\_\_ days served.

Work release  is recommended.  is not recommended. [ is ordered. (use form AOC-CR-602) ]

The Court finds that a  longer  shorter period of probation than that which is specified in G.S. 15A-1343.2(d) is necessary.

Execution of the sentence is suspended and the defendant is placed on unsupervised probation\* for \_\_\_\_\_ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction. (2) possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. (4) satisfy child support and family obligations, as required by the Court; (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine

Restitution\*\*

Attorney's Fee

Community Service Fee

Other

\$

\$

\$

\$

\$

\*\*Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: (NOTE TO CLERK: Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance).")

6. complete \_\_\_\_\_ hours of community service during the first \_\_\_\_\_ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within \_\_\_\_\_ days.

7. not be found in or on the premises of the complainant or \_\_\_\_\_.

8. not assault, communicate with or be in the presence of the complainant or \_\_\_\_\_.

9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

10. Other: \_\_\_\_\_

It is ORDERED that this:  Judgment is continued upon payment of costs.

case be consolidated for judgment with \_\_\_\_\_.

sentence is to run at the expiration of the sentence in \_\_\_\_\_.

COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

**PROBABLE CAUSE:**

Probable cause is found as to all Counts except \_\_\_\_\_, and the defendant is bound over to Superior Court for action by the grand jury.

No probable cause is found as to Count(s) \_\_\_\_\_ of this Warrant and the Count(s) is dismissed.

Date

Name Of District Court Judge Or Magistrate (type or print)

Signature Of District Court Judge Or Magistrate

**CERTIFICATION**

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date

Date Delivered To Sheriff

Signature

Dep. CSC  Asst. CSC

Clerk Of Superior Court