

Defendants Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court Date, Time & Room: \_\_\_\_\_

Witness Type :( please circle) DEFENSE OR PROSECUTOR

Requested By: (Please Print) \_\_\_\_\_ Phone# \_\_\_\_\_

SUBPOENA

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Phone Number of Witness: \_\_\_\_\_

SUBPOENA DUCES TECUM

Possessor of the Item (s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Items to Be Subpoenaed: \_\_\_\_\_

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