

## SUBPOENA INFORMATION FORM

**ATTORNEY/LAW OFFICE INFORMATION:**

Attorney: \_\_\_\_\_  
State Bar No.: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax No. \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Attorney For: \_\_\_\_\_

**PLAINTIFF/PETITIONER'S NAME:** \_\_\_\_\_  
\_\_\_\_\_

**DEFENDANT/RESPONDENT'S NAME:** \_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUAL YOU ARE SEEKING RECORDS FOR:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
S.S.N.: \_\_\_\_\_

Is this person:       Alive  
                              Deceased  
                             *\*If deceased, please send us a copy of the Death Certificate.*

**NOTICE TO CONSUMER:**

Name of Person to be served:  
Address to be served:

***HOW TO BE SERVED\****:       Personal Service  
    Mail

***\*If we are requested to serve, there is an additional \$5.00 charge for the Opposing Counsel and \$5.00 for each additional notice.***

**COURTHOUSE INFORMATION:**

County Of: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**HOW WILL THE SUBPOENAS BE ISSUED?**

- By Attorney  
 By Adheya (We will take to Courthouse)

\*If we are requested to get the Subpoena issued by the Courthouse, there is an additional \$50.00 service charge and \$14.00 travel charge per trip to the Courthouse (regardless of how many Subpoenas must be issued).

**OPPOSING COUNSELS:**

Attorney: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Represents: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Represents: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Represents: \_\_\_\_\_

**PROVIDER/WITNESS INFO:**

1.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

**PROVIDER/WITNESS INFO:**

2.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

3.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

4.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

5.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

6.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

7.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

8.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

9.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?

**PROVIDER/WITNESS INFO:**

10.

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Name	Address	City	State	Zip Code	Telephone Number
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**ATTACHMENT 3:**

(Specific wording on records to be requested)

Same as previous?