

REQUEST FOR WITNESS SUBPOENA

Commonwealth of Virginia

VA. CODE §§ 8.01-407, 16.1-265, 17.1-617, 19.2-267

Rules 3A:12, 7A:12, 8:13

(PLEASE PRINT)

CITY OR COUNTY

GENERAL DISTRICT COURT (Civil Criminal Traffic)

JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

Please subpoena the witnesses below to appear before the Court on the date shown. (See Va. Code § 17.1-617 regarding limitation on compensation of subpoenaed witnesses.) Requests for subpoenas for witnesses should be filed at least ten days prior to trial or hearing.

WITNESSES (IF MAILING ADDRESS IS RFD, P.O. BOX, ETC., PLEASE INDICATE LOCATION WHERE WITNESSES CAN BE FOUND.)

| | |
|---|---|
| NAME (LAST, FIRST, MIDDLE) STREET ADDRESS/LOCATION CITY, STATE, ZIP CODE <input type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY NAME TELEPHONE NUMBER | NAME (LAST, FIRST, MIDDLE) STREET ADDRESS/LOCATION CITY, STATE, ZIP CODE <input type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY NAME TELEPHONE NUMBER |
| NAME (LAST, FIRST, MIDDLE) STREET ADDRESS/LOCATION CITY, STATE, ZIP CODE <input type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY NAME TELEPHONE NUMBER | NAME (LAST, FIRST, MIDDLE) STREET ADDRESS/LOCATION CITY, STATE, ZIP CODE <input type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY NAME TELEPHONE NUMBER |

CASE NO.

REQUEST FOR WITNESS SUBPOENA

Commonwealth of Virginia
 CITY COUNTY TOWN of

.....
NAME OF PLAINTIFF(S)/PETITIONER(S) (LAST, FIRST, MIDDLE)
(IN CIVIL CASES ONLY)

v./ In re

.....
NAME OF DEFENDANT(S)/CHILD (LAST, FIRST, MIDDLE)

Charge:
(TRAFFIC OR CRIMINAL CASE)

COURT DATE AND TIME:

REQUEST ON BEHALF OF

Commonwealth City, County, Town of
 PLAINTIFF(S) DEFENDANT(S) JUVENILE
 PETITIONER RESPONDENT

REQUESTED BY: _____

PRINTED NAME

SIGNATURE

TELEPHONE NUMBER

COURT USE ONLY

DATE RECEIVED

DATE ISSUED