

SUBPOENA DUCES TECUM

STATE OF TENNESSEE)
IN THE MATTER OF:)
)
)
)

IN THE JUVENILE COURT FOR
DAVIDSON COUNTY, TENNESSEE

FILE # _____

Name _____

PETITION # _____

Address _____

City _____ State _____ Zip _____ Phone _____

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. **In addition**, if indicated, you are to bring the items listed. Failure to appear may be punished by fine and/or imprisonments as provided by law.

TIME: _____ DATE: _____ ITEMS TO BRING: _____

PLACE: **DAVIDSON COUNTY JUVENILE COURT**
100 WOODLAND STREET
NASHVILLE, TENNESSEE 37213

_____ Additional List of Items Attached

This subpoena is being issued on behalf of Plaintiff; Defendant; Other DATE ISSUED _____
Party or Attorney requesting Subpoena:

Name _____

LONNELL MATTHEWS, Jr., CLERK

Address _____

Phone Number _____

DEPUTY CLERK

RETURN OF SERVICE

Check one: (1. or 2. are for (the return of an authorized officer, attorney or other process server; return of an attorney or other process server must be sworn to; 3. is for the witness who will acknowledge service and requires the witness's signature which need not be sworn to.)

1. I certify that on the date indicated below I served a copy of this subpoena on the witness by:
(a) Mail: ___ first class ___ certified
(b) Sent to Metro Police Court Appearance Section
(c) Personal service: ___ gave to witness ___ witness accepted service by phone, mailed copy to confirm
(d) Left with _____, person of suitable age and discretion at: ___ residence ___ work place
Name

2. I failed to serve a copy of this subpoena on the witness because: ___ witness not found ___ time expired ___ other

3. I acknowledge being served with this subpoena on the date indicated below:

DATE OF SERVICE

SIGNATURE

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Signature of Notary Deputy Clerk

Commission Expires



Requests for ADA accommodation should be made to Administrative Services at 862-8000.