

# SUBPOENA

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.