

STATE OF MISSOURI County of St. Charles	SUBPOENA ORDER TO APPEAR/PRODUCE DOCUMENTS/GIVE DEPOSITIONS	CASE NUMBER
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IN THE CIRCUIT COURT WITHIN AND FOR SAID COUNTY, DIVISION NO. _____

VS.	Plaintiff(s)	STATE OF MISSOURI TO	PLAINTIFF'S ATTORNEY
		ADDRESS	ADDRESS
			TELEPHONE
	Defendant(s)	ATTORNEY OR PARTY REQUESTING	DEFENDANT'S ATTORNEY
		ADDRESS	ADDRESS
		TELEPHONE	TELEPHONE

THE STATE OF MISSOURI TO: _____

YOU ARE HEREBY COMMANDED:

- TO APPEAR AT _____
ON _____, 20____, AT _____ O'CLOCK ____ M.
- TO CONTACT (Name) _____ AT (Telephone) _____ WHO WILL ADVISE
OF TIME AND PLACE APPEARANCE IS REQUIRED.
- TO TESTIFY ON BEHALF OF: _____
- TO GIVE DEPOSITIONS _____
- TO BRING THE FOLLOWING: _____

(Attach Additional Sheet if Necessary)



Judy Jean

CLERK

By: _____
CHIEF DEPUTY CLERK

DATE _____

(Witness Claim and Instructions On Reverse)

RETURN

I certify that I served this subpoena in _____ County, MO by:

- delivering a copy to the person subpoenaed
- reading a copy to the person subpoenaed
on this _____ day of _____ 20____.

I tendered legal fees for travel expenses per 491.130 RSMo. in the amount of \$ _____.

FEES _____
MILEAGE _____
TOTAL \$ _____

PERSON SERVING SUBPOENA

INSTRUCTIONS

1. This subpoena will remain in effect until this trial is concluded or you are discharged by the court. You must attend a trial from time to time as directed. **NO ADDITIONAL SUBPOENA IS REQUIRED FOR YOUR FUTURE APPEARANCE AT ANY TRIAL OF THIS CASE.** If you fail to appear, you may be held in contempt of court.
2. If you have any questions regarding this subpoena, contact the person who requested it listed on the front.
3. **BRING THIS FORM WITH YOU TO COURT.** This form must be completed, signed, and returned to the clerk as as you have testified or been dismissed.

WITNESS CLAIM

I have served _____ day(s) as a witness and I traveled _____ mile(s) round-trip from my home to the courthouse to attend this trial.

SIGNATURE

CURRENT ADDRESS

CITY, STATE, ZIP

Subscribed and sworn to before me this date of _____

CLERK

Total Claimed \$ _____

By: _____
DEPUTY CLERK