Clear Form

THE STATE OF NEW HAMPSHIRE

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

SUBPOENA

To:

_____
Name of Witness

_____
Street Address

_____
City, State, Zip Code

You are required to appear at: _____ located
Location (if at a courthouse, put name of court)

at _____
Street Address City State

on _____ at _____ to testify about the above case.
Date Time

You are further required to bring with you the following:

_____

_____

IF YOU DO NOT APPEAR YOU MAY BE SUBJECT TO LEGAL PENALTIES

_____ _____
Date Signature Justice of the Peace, Clerk of Court, or Judge

_____
Printed name

Issued at the request of _____ Phone number (optional) _____

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RETURN OF SERVICE

On _____ at _____ o'clock in the ☐ a.m. ☐ p.m. I read or delivered in hand to the above-named person an original subpoena of which this is a true copy. I also delivered payment of travel fees of $ _____ and attendance fees of $ _____ this date.

Signature _____

Printed name _____

Title (if applicable) _____

Agency (if applicable) _____

REQUESTING PARTY IS RESPONSIBLE FOR PAYMENT OF TRAVEL AND ATTENDANCE FEES

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