
## IN THE 29th JUDICIAL CIRCUIT COURT, JASPER COUNTY, MISSOURI

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| Judge or Division: | **Case Number:**  | (Date File Stamp) |
| Plaintiff/Petitioner: | Person Subpoenaed: | Plaintiff’s/Petitioner’s Attorney: |
| Address: | Address: |
| vs. | Telephone: |
| Defendant/Respondent: | Requesting Party:[ ]  Plt./Pet. Atty [ ]  Plt./Pet.[ ]  Def/Resp. Atty [ ]  Def./Resp. | Defendant’s/Respondent’s Attorney: |
| Address: (Of Party Checked Above) | Address: |
| Telephone: | Telephone: |
| For depositions attach a list of all attorneys of record and self-represented parties. Include the name, address and telephone number.  |
| SubpoenaOrder to Appear/Produce Documents/Give Depositions |
| The State of Missouri to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person subpoenaed)You are commanded:[ ]  to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (telephone) who will advise of time and place appearance is required.[ ]  to appear at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time).[ ]  to testify on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.[ ]  to give depositions.[ ]  to bring the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.(Seal) ***MELISSA HOLCOMB, CIRCUIT CLERK***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Issued  |
| Return/AffidavitI certify that I served this subpoena in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County/City of St. Louis), Missouri, by:[ ]  delivering a copy to the person subpoenaed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).[ ]  reading a copy to the person subpoenaed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).[ ]  I tendered legal fees for travel expenses per section 491.130, RSMo, in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**Sheriff’s Fees (if applicable**)Summons $ Non Est $ Sheriff’s Deputy Salary Supplemental Surcharge (Civil Cases Only-$10.00) $ \_\_\_\_\_\_\_Mileage $ (\_\_\_\_\_\_ miles @ $.\_\_\_\_\_\_ per mile)**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 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. 1. If you have any questions regarding this subpoena, contact the person who requested it listed on the front.
2. **Bring this form with you to court**. This form must be completed, signed, and returned to the clerk as soon 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 proceeding.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, ZipSubscribed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).Total Claimed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clerk |