



## IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI

Judge or Division:		Case Number:	
Plaintiff(s):     vs.	Person Subpoenaed:	Plaintiff's Attorney:	
	Address:	Address:	
		Telephone:	
Defendant(s):	Requesting Party: <input type="checkbox"/> Pltfs Attny <input type="checkbox"/> Pltf <input type="checkbox"/> Def Attny <input type="checkbox"/> Def	Defendant's Attorney:	
	Address (of party checked above):	Address:	
	Telephone:	Telephone:	

(Date File Stamp)

### Subpoena Order to Appear/Produce Documents/Give Depositions

The State of Missouri, City of Columbia to:      You are commanded:

- ☐ to contact      at      who will advise of time and place appearance is required.
- ☐ to appear at      on      at      .
- ☐ to testify on behalf of      .
- ☐ to give depositions.
- ☐ to bring the following:

\_\_\_\_\_  
\_\_\_\_\_. (Attach additional sheet if necessary.)

(Seal)

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Clerk/Deputy Clerk

#### Return/Affidavit

I certify that I served this subpoena in \_\_\_\_\_ County, Missouri by:

- ☐ delivering a copy to the person subpoenaed.
- ☐ reading a copy to the person subpoenaed on \_\_\_\_\_ (date).

\_\_\_\_\_  
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.
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 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, Zip

Subscribed and sworn to before me \_\_\_\_\_ (date)

\_\_\_\_\_  
Clerk

Total Claimed \$ \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk