



IN THE 42nd JUDICIAL CIRCUIT COURT OF CRAWFORD COUNTY, MISSOURI

Judge or Division:		Case Number:	
Plaintiff/Petitioner:	Person Subpoenaed:	Plaintiff's/Petitioner's Attorney:	
	Address:	Address:	
vs.		Telephone:	(Date File Stamp)
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:	

Subpoena
Order to Appear/Produce Documents/Give Depositions

The State of Missouri to : _____

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: _____
 _____ (Attach additional sheet if necessary.)

Date Issued



_____/s/Karen Harlan

Circuit Clerk

Return/Affidavit

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

delivering a copy to the person subpoenaed on _____ (date) at _____ (time).

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 \$ _____.

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.
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