

Superior Court of the District of Columbia Family Court Operations Division – Juvenile and Neglect Branch 500 Indiana Ave NW, Room JM-300, Washington DC 20001 202-879-1465 | <u>www.dccourts.gov</u>

	Case No.:
Plaintiff/Petitioner	
۷.	Social File No.:
Defendant/Respondent	
То:	
S	SUBPOENA DUCES TECUM
YOU ARE ORDERED to give testimony in this	s case onatam / pm in:
Courtroom of the Superior Cou	rt, 500 Indiana Avenue NW, Washington DC 20001
===============================	
	with you and produce the following documents or objects:
	with you and produce the following documents or objects:
	with you and produce the following documents or objects:
YOU ARE FURTHER ORDERED to bring	with you and produce the following documents or objects:
This subpoena has been requested by:	
YOU ARE FURTHER ORDERED to bring This subpoena has been requested by: The Office of the Attorney General, located	d at 400 6th St. NW, Washington, D.C. 20001
YOU ARE FURTHER ORDERED to bring This subpoena has been requested by: The Office of the Attorney General, located The Commission on Mental Health, located	d at 400 6th St. NW, Washington, D.C. 20001 d at 500 Indiana Ave. NW, JM-100, Washington, D.C. 20001
YOU ARE FURTHER ORDERED to bring This subpoena has been requested by: The Office of the Attorney General, located The Commission on Mental Health, located The Attorney for the Plaintiff / Defendant:	d at 400 6th St. NW, Washington, D.C. 20001 d at 500 Indiana Ave. NW, JM-100, Washington, D.C. 20001
YOU ARE FURTHER ORDERED to bring This subpoena has been requested by: The Office of the Attorney General, located The Commission on Mental Health, located The Attorney for the Plaintiff / Defendant: Phone number of requesting party:	d at 400 6th St. NW, Washington, D.C. 20001 d at 500 Indiana Ave. NW, JM-100, Washington, D.C. 20001
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Date:

Certificate of Service

Case Name:				Case No.:	
A copy of this subp	ooena was deli	vered to			
			Ad	Address	
on Date	_ at Tim	am / pm e	□ Personally.	☐ By registered or certified mail.	
□ Delivery could n	ot be accompli	shed because:			
	ade by the Offic	e of the U.S. Marsha	for the District of Columbia	a by: Address	
Phone Number			Email Address		
		process server, a pers mbia and not a party		age residing or maintaining a place of	
Name of Server			Address		
Phone Number			Email Address		
Date			Signature of U.S. Marshal/Private Process Server		