

## REQUEST FOR SUBPOENA DUCES TECUM

Agency :	sup	Representative:			Date: 2	2015-10-27
First Jud duces te certain re	licialCircuit of cum for theap ecords, docur	MADE of the State Florida for investigation and testing and for particles as follows:	tigative ass stimony of a pers pertine	sistance and a custodian o	the issuanc f records ar	e of a subpoenand / or copies of
Possessor o	f Records:		Recor	ds Pertain To:		
Address:						
Crime Under	Investigation:			F.S.S.		
Suspect(s):			Offense#:			
Information Requested:						
"No notice to s	uspect" disclaimer r	needed?	Yes No	No	c	(Required for certain ompanies, banks, etc.)
Probable Cause:						
and will be re	sponsible for any cos rance of the official p	g law enforcement agency sts incurred in making said pendindcriminal investigati	copies. Further,	the undersigned her	re by certifies this	request is made in good
Representative Sig	gnature (Required)				Superviso	or Signature (Required)
REQUEST GRANT		SECTION MUST BE COM	PLETED BY AUT	THORIZING PROSE	CUTOR	
REQUEST GRANTI REQUEST DECLIN SIGNATURE requir	ED [] ED []	REASONS(S):				
TYPE name	UING ASA: Notice to	o Defendant required wh	en obtaining me	edical records via s		sistant State Attorney