

REQUEST FOR SUBPOENA DUCES TECUM

Agency	:	Representative:		Date: 20	15-10-15
First Ju duces to certain	dicialCircuit of F	lorida for investi earance and testi ents, and /or pape	e Attorney, or his du gative assistance ar imony of a custodia ers pertinent to an c	nd the issuance n of records and	of a subpoena d / or copies of
Possessor	of Records:		Records Pertain To:		
Address:					
Crime Unde	er Investigation:		F.S.S.		
	-		. 10101		
Suspect(s)	:	C	Offense#:		
Informatio Requested					
"No notice to suspect" disclaimer needed? Yes No No (Required for certain companies, banks, etc.)					
Probable Cause	e:				
and will be i	responsible for any costs in nerance of the official pen	incurred in making said co	as authorized the under signed opies. Further, the undersigned described herein and all othe	d here by certifies this re	equest is made in good
Representative Signature (Required) Supervisor Signature (Required)					
zdfsadf	sdf				
	THIS SEC	CTION MUST BE COMPL	ETED BY AUTHORIZING PR	OSECUTOR	
REQUEST GRANTED []		DE400N3(2)			
		REASONS(S): REASONS(S):			
SIGNATURE requ					
TYPE name					stant State Attorney
REMINDER TO IS	SSUING ASA: Notice to D	efendant required wher	n obtaining medical records v	via subpoena duces te	cum.