



To: Office of the State Attorney  
First Judicial Circuit

REQUEST FOR  
SUBPOENA DUCES TECUM

Agency : \_\_\_\_\_

Representative: \_\_\_\_\_

Date: 2015-10-21

REQUEST IS HEREBY MADE of the State Attorney, or his duly authorized Assistant, of the First Judicial Circuit of Florida for investigative assistance and the issuance of a subpoena duces tecum for the appearance and testimony of a custodian of records and / or copies of certain records, documents, and /or papers pertinent to an ongoing criminal investigation, more particularly described as follows:

Possessor of Records: \_\_\_\_\_ Records Pertain To: \_\_\_\_\_

Address: \_\_\_\_\_

Crime Under Investigation: \_\_\_\_\_ F.S.S. \_\_\_\_\_

Suspect(s): \_\_\_\_\_ Offense#: \_\_\_\_\_

Information Requested: \_\_\_\_\_

"No notice to suspect" disclaimer needed? ☐ Yes ☐ No ☐ No (Required for certain companies, banks, etc.)

Probable Cause: \_\_\_\_\_

AUTHORIZATION: The requesting law enforcement agency has authorized the under signed representative to make the foregoing request and will be responsible for any costs incurred in making said copies. Further, the undersigned hereby certifies this request is made in good faith in furtherance of the official pending criminal investigation described herein and all other avenues for obtaining the described records have been exhausted.

Representative Signature (Required)

Supervisor Signature (Required)

... THIS SECTION MUST BE COMPLETED BY AUTHORIZING PROSECUTOR. ...

REQUEST GRANTED ☐

REQUEST GRANTED ☐

REQUEST DECLINED ☐

SIGNATURE required

TYPE name

REASONS(S): \_\_\_\_\_

REASONS(S): \_\_\_\_\_

Assistant State Attorney

REMINDER TO ISSUING ASA: Notice to Defendant required when obtaining medical records via subpoena duces tecum.

ORIGINAL - STATE ATTORNEY'S OFFICE