



**REQUEST FOR
SUBPOENA DUCES TECUM**

Date: 2015-08-27

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:

Records Pertain To:

Address:

F.S.S.

Offense#:

☐ No

(Required for certain companies, banks, etc.)

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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 here by certifies this request is made in good faith in furtherance of the official pendindcriminal investigation described herein and all other avenues for obtaining the described records have been exhausted.

Supervisor Signature (Required)

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

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

REASONS(S):

Assistant State Attorney

ORIGINAL - STATE ATTORNEY'S OFFICE