

REQUEST FOR SUBPOENA DUCES TECUM

Agency:		Representative:			Date	e: 2015-10-21
First Judio duces tect certain red	cialCircuit of Flo um for theappe	orida for invest arance and test nts, and /or par	igativ timon	ve assistance ar y of a custodia	nd the issuar n of records	d Assistant, of the nce of a subpoena and / or copies of ninal investigation,
Possessor of F	Records:			Records Pertain To:		
Address:						
Crime Under Ir	ovestigation:			F.S.S.		
orinio oridor ii	gao			. 10.01		
Suspect(s):			Offense	e#:		
Information Requested:						
"No notice to sus	pect" disclaimer need	led?	Yes	No	No	(Required for certain companies, banks, etc.)
Probable Cause:						
and will be resp	onsible for any costs in nce of the official pend	curred in making said	copies.	Further, the undersigned	d here by certifies t	make the foregoing request his request is made in good ining the described records
Representative Signature (Required)					Super	visor Signature (Required)
REQUEST GRANTED REQUEST GRANTED REQUEST DECLINED SIGNATURE required) []) []] []	TION MUST BE COMF REASONS(S): REASONS(S):	PLETED	BY AUTHORIZING PR		
TYPE name REMINDER TO ISSUI	ING ASA: Notice to De	efendant required whe	n obtai	ning medical records v		Assistant State Attorney es tecum.
				J		