

OR

☐ **Produce** the following books, papers and documents, whether in physical or electronic form, or tangible things now in your possession, custody or control (attach a separate sheet if necessary):

Place of production:

Date and time of production: Unless otherwise agreed to in writing by all parties and privilege holder or holders and the person subpoenaed, production must be made no sooner than 14 days from the date of service of this subpoena and no later than _____.

(date and time) In the case of an expedited hearing pursuant to C.R.C.P. 45 or any statute, in the absence of such agreement, production shall be made only at the place, date and time for compliance set forth in the subpoena.

Notice form:

If this subpoena is served for production of records or a tangible thing, see the attached important notice which sets out portions of Colorado Rule of Civil Procedure 45 concerning protections for subpoenaed persons and the requirements for production of records and tangible things.

Identity of parties:

The following are the names of the parties in this action and the names, addresses, phone numbers and e-mail addresses of the attorneys for the parties and of any parties who have entered appearances without an attorney:

Name:	Address	Phone number:	Email Address

The party and the party's attorney who are serving this subpoena:

Dated: 9-23-11


Clerk/Deputy Clerk/Attorney



CONTINUED ON THE FOLLOWING PAGE

AFFIDAVIT OF SERVICE

I declare under oath that, I am 18 years or older and not a party to the action and that I served the attached Subpoena on _____ (Person named in this Subpoena or name of agent served) in _____ (County) _____ (State) on _____ (date) at the following location: _____

Check one:

- ☐ By handing it to a person identified to me as _____ or by leaving it with the named person who refused service.
- ☐ I attempted to serve the person named in this subpoena on _____ occasions but have not been able to locate the named person.

Check one:

- ☐ Private process server
- ☒ Sheriff, _____ County

Fee \$ _____ Mileage \$ _____

Signature of Process Server

Name (Print or type)

My Commission Expires: _____

Notary Public /Deputy Clerk Date

WAIVER OF SERVICE

I hereby waive Personal Service and accept service of this subpoena by mail/fax. _____

Signature

Date

Phone Day: _____

Phone Evening: _____