

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CASE NAME:		
<b>ORDER TO ATTEND COURT OR PROVIDE DOCUMENTS:</b> Subpoena/Subpoena Duces Tecum		CASE NUMBER:

**You must attend court or provide to the court the documents listed below.** Follow the orders checked in item 2 below. If you do not, the judge can fine you, send you to jail, or issue a warrant for your arrest.

1. To: (name or business) \_\_\_\_\_

2. You must follow the court order(s) checked below:

- a.  Attend the hearing.
- b.  Attend the hearing and bring all items checked in c. below.
- c.  Provide a copy of these items to the court (Do not use this form to obtain Juvenile Court records):

(1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

If this box is checked, provide all items listed on the attached sheet labeled "Provide These Items."

- d.  If someone else is responsible for maintaining the items checked in c. above, that person (the Custodian of Records) must also attend the hearing.
- e.  If this box is checked and you deliver all items listed above to the court **within 5 days of service of this order**, you do not have to attend court if you follow the instructions in item 5.

3. **Court Hearing Date:** \_\_\_\_\_ **The court hearing will be at (name and address of court):** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

Call the person listed in item 4 below to make sure the hearing date has not changed. If you cannot go to court on this date, you must get permission from the person in item 4. You may be entitled to witness fees, mileage, or both, in the discretion of the court. Ask the person in item 4 after your appearance.

4. The person who has required you to attend court or provide documents is:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number, Street, Apt. No. \_\_\_\_\_

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(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip): \_\_\_\_\_

Date: \_\_\_\_\_

Signature ➤

Name and Title

CASE NAME:

CASE NUMBER:

5. a. Put all items checked in item 2c and your completed *Declaration of Custodian of Records* form in an envelope. (You can ask the person in item 4 where to get this form.) Attach a copy of page 1 of this order to the envelope.
- b. Put the envelope inside another envelope. Then, attach a copy of page 1 of this form to the outer envelope or write this information on the outer envelope:
- (1) Case name
  - (2) Case number
  - (3) Your name
  - (4) Hearing date, time, and department
- c. Seal and mail the envelope to the Court Clerk at the address listed in  in item 3 or  the court address in the caption on page 1. You must mail these documents to the court within five days of service of this order.
- d. If you are the Custodian of Records, you must also mail the person in item 4 a copy of your completed *Declaration of Custodian of Records*. Do **not** include a copy of the documents.

       The server fills out the section below.       **Proof of Service of Form CR-125/JV-525**

1. I personally served a copy of this subpoena on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Name of the person served: \_\_\_\_\_

At this address: \_\_\_\_\_

After I served this person, I mailed or delivered a copy of this Proof of Service to the person in item 4 on (date): \_\_\_\_\_

Mailed from (city): \_\_\_\_\_

2. I received this order for service on (date): \_\_\_\_\_ and was not able to serve (name of person)

after (number of attempts) \_\_\_\_\_ attempts because:

- a.  The person is not known at this address.
- b.  The person moved and the forwarding address is not known.
- c.  There is no such address.
- d.  The address is in a different county.
- e.  I was not able to serve by the hearing date.
- f.  Other (explain): \_\_\_\_\_

3. Server's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

4. The server (check one)

- |                             |                                      |                             |  |
|-----------------------------|--------------------------------------|-----------------------------|--|
| a. <input type="checkbox"/> | is a registered process server.      | d. <input type="checkbox"/> | works for a registered process server.   |
| b. <input type="checkbox"/> | is not a registered process server.  | e. <input type="checkbox"/> | is exempt from registration under Business and Professional Code section 22350(b). |
| c. <input type="checkbox"/> | is a sheriff, marshal, or constable. |                             |  |

5. Server's address: \_\_\_\_\_

If server is a registered process server:

County of registration: \_\_\_\_\_ Registration no.: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that I am at least 18 years old and not involved in this case and the information above is true and correct.

Date: \_\_\_\_\_

► \_\_\_\_\_  
TYPE OR PRINT NAME OF SERVER

► \_\_\_\_\_  
SIGNATURE OF SERVER