# REQUEST FOR WITNESS SUBPOENA

Commonwealth of Virginia

VA. CODE §§ 8.01-407, 16.1-265, 17.1-617, 19.2-267;
Rules 3A:12, 7A:12, 8:13

CASE NO.

.....

CITY OR COUNTY

☐ GENERAL DISTRICT COURT (☐ Civil ☐ Criminal ☐ Traffic)

☐ JUVENILE and DOMESTIC RELATIONS DISTRICT COURT

Please subpoena the witnesses below to appear before the Court on the date shown. (See Va. Code § 17.1-617 regarding limitation on compensation of subpoenaed witnesses.) Requests for subpoenas for witnesses should be filed at least ten days prior to trial or hearing.

WITNESSES (IF MAILING ADDRESS IS RFD, P.O. BOX, ETC., PLEASE INDICATE LOCATION WHERE WITNESS CAN BE FOUND)

| | |
|---|---|
| NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE | NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE |
| NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE | NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE |
| NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE | NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE |
| NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE | NAME (LAST, FIRST, MIDDLE):<br>.....<br>ADDRESS/LOCATION<br>.....<br>.....<br>CITY OR COUNTY TELEPHONE |

FORM DC-325 5/00 PC

## REQUEST FOR WITNESS SUBPOENA

☐ Commonwealth of Virginia
☐ CITY ☐ COUNTY ☐ TOWN of

.....

☐ .....
NAME OF PLAINTIFF(S) (LAST, FIRST, MIDDLE)

.....

.....

V. / *In re*

.....
NAME OF DEFENDANT(S)/CHILD (LAST, FIRST, MIDDLE)

Charge: .....
(TRAFFIC OR CRIMINAL CASE)

COURT DATE AND TIME

REQUEST ON BEHALF OF

☐ Commonwealth ☐ City, County or Town
☐ PLAINTIFF(S) ☐ DEFENDANT(S) ☐ JUVENILE

REQUESTED BY:

.....
PRINTED NAME

.....
SIGNATURE

COURT USE ONLY

| DATE RECEIVED | DATE ISSUED |
|---|---|
| | |