

**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

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 § 14.1-195 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): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): _____ ADDRESS/LOCATION _____ _____ CITY OR COUNTY TELEPHONE

CASE NO.

**REQUEST FOR WITNESS**

Commonwealth of Virginia

CITY COUNTY TOWN of

PLAINTIFF(S)

*In re/V.*

DEFENDANT(S)/CHILD

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: NAME

PRINTED NAME

SIGNATURE

COURT USE ONLY

DATE RECEIVED

DATE ISSUED