|  |  |
| --- | --- |
| County Court, Denver County, Colorado1437 Bannock Street, Room 135Denver, Colorado 80202, 720-865-7840Plaintiff(s)/Petitioner(s):v.Defendant(s)/Respondent(s): | COURT USE ONLYCase Number:Division: **Civil**  Courtroom: |
| SUBPOENA TO ATTEND ATTEND AND PRODUCE  |

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are ordered to attend and give testimony at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Division) **1437 Bannock Street, Denver, Colorado 80202** on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) at\_\_\_\_\_\_\_\_\_\_\_\_ (Time) as a witness for the Plaintiff(s)/Petitioner(s) Defendant(s)/Respondent(s) in this action.

At that time and place, you also shall produce the following items now in your custody or control:

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

 Clerk/Deputy Clerk or Attorney

### 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 this Subpoena to
Attend Attend and Produce to the Witness in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State) on \_\_\_\_\_\_\_\_\_\_\_\_(date)at the following location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

* By handing it to a person identified to me as the Witness or by leaving it with the Witness who refused service.
* I attempted to serve the Witness on \_\_\_\_\_\_\_ occasions but have not been able to locate the Witness.
* Private process server
* Sheriff, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County

 Fee $ \_\_\_\_\_\_\_\_\_\_\_\_ Mileage $ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Process Server

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print or type)

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public /Deputy Clerk Date