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| Denver County Court, City and County of Denver, Colorado520 W. Colfax Avenue, Room 160 1437 Bannock Street, Room 135Denver, Colorado 80204, 720-337-0410 Denver, Colorado 80202, 720-865-7840The People of the City and County of Denver, State of Coloradov.Defendant: | ▲COURT USE ONLY▲Case Number:Division: Courtroom: |
| SUBPOENA TO ATTEND ATTEND AND PRODUCE  |

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

You are ordered to attend and give testimony at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Division) **520 W. Colfax Avenue, Denver, Colorado 80204** **1437 Bannock Street, Denver, Colorado 80202** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) at\_\_\_\_\_\_\_\_\_\_\_\_ (Time) as a witness for the Defendant 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