

SUBPOENA FOR WITNESS (CIVIL) –
ATTORNEY ISSUED VA. CODE §§ 8.01-407; 16.1-265; Supreme Court Rules 1:4, 4:5
Commonwealth of Virginia

Case No. _____

HEARING DATE AND TIME _____

_____ Court

ADDRESS OF COURT _____

v./In re: _____

TO THE PERSON AUTHORIZED BY LAW TO SERVE THIS PROCESS:

You are commanded to summon

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

TO the person summoned: You are commanded to appear

[] in the _____ Court

[] at _____
ADDRESS (DEPOSITION USE IN CIRCUIT COURT ONLY)

on _____, _____ at _____ m. to testify in the above-named case.

This subpoena is issued by the attorney for and on behalf of

PARTY NAME _____

NAME OF ATTORNEY _____

VIRGINIA STATE BAR NUMBER _____

OFFICE ADDRESS _____

TELEPHONE NUMBER OF ATTORNEY _____

OFFICE ADDRESS _____

FACSIMILE NUMBER OF ATTORNEY _____

DATE ISSUED _____

SIGNATURE OF ATTORNEY _____

Notice to Recipient: See page two for further information.

RETURN OF SERVICE (see page two of this form)

TO the person summoned:

If you are served with this subpoena less than 5 calendar days before your appearance is required, the court may, after considering all of the circumstances, refuse to enforce the subpoena for lack of adequate notice. If you are served less than 5 calendar days before your appearance is required and you are a judicial officer generally incompetent to testify pursuant to § 19.2-271, this subpoena has no legal force or effect. If you are served with this subpoena less than 5 calendar days before your appearance is required, you may wish to contact the attorney who issued this subpoena and the clerk of the court.

[] This SUBPOENA FOR WITNESS is being served by a private process server who must provide proof of service in accordance with Va. Code § 8.01-325.

TO the person authorized to serve this process: Upon execution, the return of this process shall be made to the clerk of court.

NAME:	
ADDRESS:	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above:	
.....	
.....	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> not found, Sheriff
..... DATE	By, Deputy Sheriff

CERTIFICATE OF COUNSEL

I,, counsel for, hereby certify that a copy of the foregoing subpoena for witness was DELIVERY METHOD to, counsel of record for on the day of

SIGNATURE OF ATTORNEY