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|---|---|--------------------------|
| <b>STATE OF HAWAI'I</b><br>CIRCUIT COURT<br>FIFTH CIRCUIT | <b>SUBPOENA</b><br><b>NOTICE TO APPEAR IN COURT</b><br><input type="checkbox"/> <b>SUBPOENA DUCES TECUM</b> | CASE NUMBER<br>-       - |
|---|---|--------------------------|

|                                 |                             |
|---------------------------------|-----------------------------|
| STATE OF HAWAII VS. (DEFENDANT) | ATTORNEY (NAME AND ADDRESS) |
|---------------------------------|-----------------------------|

|   |  |
|---|--|
| <p><b>THE STATE OF HAWAI'I TO:</b><br/> <b>ANY OFFICER AUTHORIZED BY LAW TO</b><br/> <b>SERVE SUBPOENAS IN THE STATE OF HAWAI'I</b><br/> <b>YOU ARE COMMANDED</b> to subpoena the individual<br/>         named below.</p> <p style="text-align: center;">NAME AND ADDRESS OF WITNESS</p> | <p>COMMENTS:</p><br><br><br><br><br><br><br><br><br><br><p style="text-align: right;">ATTACH CONTINUATION PAGE IF NEEDED</p> |
|---|--|

WITNESS, YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness on behalf of the

STATE OF HAWAI'I     DEFENDANT

You are further ordered to bring with you the items listed in the comments section.

|   |                                  |
|---|----------------------------------|
| DATE:   | TIME:       :       A.M.    P.M. |
| LOCATION:    FIFTH JUDICIAL CIRCUIT<br>3970 Kā'ana Street, Līhu'e, HI 96766 | COURTROOM #                      |
| JUDGE   |                                  |

**DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT.**

|             |       |
|-------------|-------|
| DATE ISSUED | CLERK |
|-------------|-------|

| RETURN OF SERVICE    |      |      |       |
|----------------------|------|------|-------|
| SERVICE WAS MADE AT: | DATE | TIME | PLACE |
|                      |      |      |       |

|   |  |
|---|--|
| Comments: <input type="checkbox"/> I served the above named person.<br><input type="checkbox"/> I served this subpoena on another individual. (explain) |  |
|---|--|

|      |                              |           |
|------|------------------------------|-----------|
| DATE | TYPE OR PRINT NAME OF SERVER | SIGNATURE |
|------|------------------------------|-----------|



In accordance with the **Americans with Disabilities Act** and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office at PHONE NO. 482-2314, FAX 482-2553, or TTY 482-2533 at least ten (10) working days prior to your hearing or appointment date.