

<b>STATE OF HAWAI'I</b> CIRCUIT COURT OF THE THIRD CIRCUIT	<b>SUBPOENA</b> <b>NOTICE TO APPEAR IN COURT</b> <input type="checkbox"/> <b>SUBPOENA DUCES TECUM</b>	CASE NUMBER _____  CR _____				
STATE OF HAWAI'I VS (DEFENDANT)	ATTORNEY (NAME and ADDRESS)					
<b>THE STATE OF HAWAI'I TO:</b> <b>ANY OFFICER AUTHORIZED BY LAW TO</b> <b>SERVE SUBPOENAS IN THE STATE OF HAWAI'I</b> <b>YOU ARE COMMANDED</b> to subpoena the individual named below.		COMMENTS:          ATTACH CONTINUATION PAGE IF NEEDED				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">NAME AND ADDRESS OF WITNESS</td> </tr> <tr> <td style="height: 100px;"> </td> </tr> </table>		NAME AND ADDRESS OF WITNESS				
NAME AND ADDRESS OF WITNESS						
WITNESS, YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness on behalf of the <input type="checkbox"/> STATE OF HAWAI'I <input type="checkbox"/> DEFENDANT <input type="checkbox"/> You are further ordered to bring with you the items listed in the comments section.						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DATE</td> <td style="width:50%;">TIME</td> </tr> <tr> <td>LOCATION/ROOM</td> <td>JUDGE</td> </tr> </table>		DATE	TIME	LOCATION/ROOM	JUDGE	
DATE	TIME					
LOCATION/ROOM	JUDGE					
DISOBEDIENCE of this subpoena may be punished as contempt by this court.						
DATE ISSUED	CLERK					
<b>RETURN OF SERVICE</b>						
SERVICE WAS MADE AT:	DATE	TIME	PLACE			
Comments: <input type="checkbox"/> I served the above named person. <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. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.

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