

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)‘ Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Name and Address of Witness:	Date & Time:
	Location To Appear:

SUBPOENA OR SUBPOENA DUCES TECUM

THE STATE OF HAWAI‘I TO ANY OFFICER AUTHORIZED BY LAW TO SERVE SUBPOENAS IN THE STATE OF HAWAI‘I YOU ARE COMMANDED to subpoena the individual named above.

This subpoena/subpoena duces tecum shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled Court permits, in writing on this subpoena/subpoena duces tecum, personal delivery during those hours.

TO THE WITNESS

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


- PLAINTIFF(S) DEFENDANT(S)

who shall be responsible to provide you with a fee for attendance and mileage allowed by law.

- You are further ordered to bring with you the items listed in Exhibit A.
 You are required to designate a representative of your organization to testify for the organization on the following matters:

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

Date:	Clerk of the above-entitled Court
-------	-----------------------------------

 In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

I certify that this is a full, true and correct copy of the original issued from this office.

Clerk, District Court of the Above Circuit, State of Hawai‘i