

ADMINISTRATIVE DRIVER'S LICENSE REVOCATION OFFICE JUDICIARY STATE OF HAWAI'I	<input checked="" type="checkbox"/> SUBPOENA <input type="checkbox"/> SUBPOENA DUCES TECUM REQUESTED
Respondent's Name	SUBPOENA DUCES TECUM, if requested is
ADLRO Case No.	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
Arrest Report No.	Comments
Attorney/Respondent (Name, Address, and Telephone No.)	
Name and Address of Witness	Date of Hearing
	Time of Hearing
	Location
Signature of Witness _____	

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. Personal service upon the witness must be made no later than 48 hours before the scheduled hearing time.

TO THE WITNESS

YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness for the Respondent.

You are ordered to bring with you the items listed in the Comments above if a Subpoena Duces Tecum is granted.

If you require accommodation for a disability covered under state or federal disability laws, please contact the ADA Coordinator for ADLRO at least 10 days prior to the hearing date at 534-6800 (V) or 539-4853 (TTY).

Date Issued: _____

CHIEF ADJUDICATOR

RETURN OF SERVICE

I served the above named witness as follows:	DATE	TIME	PLACE
Date	Name of Process Server		Signature

Administrative Driver's License Revocation Office, American Savings Bank Tower 1001 Bishop Street, Suite 500, Honolulu, Hawai'i, 96813. Telephone: (808) 534-6800 / Fax: (808) 534-6888. Toll Free Number: (866) 826-5656 Website: www.courts.state.hi.us/courts/administrative/adlro.html