

**G14**

**SUBPOENA  
DUCES  
TECUM**

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_

Representing:  Self  Petitioner  Respondent

**SUPERIOR COURT OF ARIZONA  
GRAHAM COUNTY**

\_\_\_\_\_  
(Name of Plaintiff/Petitioner)

Case No: \_\_\_\_\_

VS

**SUBPOENA DUCES TECUM**

\_\_\_\_\_  
Name of Defendant/Respondent

Presently Assigned to the  
Honorable \_\_\_\_\_

To: Custodian of Records \_\_\_\_\_

**YOU ARE ORDERED** to provide copies of the following items

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE AND TIME OF PRODUCTION:** \_\_\_\_\_.

**PLACE OF PRODUCTION:** \_\_\_\_\_.

You have been subpoenaed by:

Plaintiff/Petitioner  Defendant/Respondent

Please call the Clerk of the Court one business day before the court date to verify your need to appear.  
**IF YOU FAIL TO PROVIDE COPIES AS ORDERED, A WARRANT MAY BE ISSUED FOR YOUR ARREST, AND YOU MAY BE PROSECUTED UNDER PROVISIONS OF THE ARIZONA REVISED STATUTES.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk of Court

Revised March 2010

Graham County Superior Court

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
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Representing:  Self  Petitioner  Respondent

**SUPERIOR COURT OF ARIZONA  
GRAHAM COUNTY**

\_\_\_\_\_  
(Name of Plaintiff/Petitioner)

Case No: \_\_\_\_\_

VS

**AFFIDAVIT OF SERVICE OF  
SUBPOENA DUCES TECUM**

\_\_\_\_\_  
Name of Defendant/Respondent

I received the Subpoena addressed to \_\_\_\_\_

And dated \_\_\_\_\_ on this date \_\_\_\_\_

At this time \_\_\_\_\_ and I personally served it as follows:

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Manner: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_