SUBPOENA FOR THE PRODUCTION OF EVIDENCE
(Issued by Attorney)
STATE OF GEORGIA, DOUGLAS COUNTY

TO: _____ [Witness]
_____
_____

Court ☐ Superior
☐ State
Division: ☐ Civil
☐ Criminal

_____

Location: ☐ Douglas County Courthouse, 8700 Hospital Drive, Douglasville, Georgia
Courtroom Number: _____
☐ Other: _____

Case Title: _____
Case # _____

Summoned by: _____[Party requesting subpoena]

Summons Date and time to appear: _____, 201__.

YOU ARE HEREBY COMMANDED that, laying all other business aside, you be and appear at the court in the division shown above on the date and time and at the location stated above, then and there to be sworn as a witness called by the party(ies) named above.

HEREIN FAIL NOT, under penalty of law.

_____
Attorney of Record Issuing Subpoena*

IF YOU HAVE QUESTIONS, CONTACT
Attorney's Name: _____
Bar Number: _____
Phone Number: _____
Address: _____
Email Address: _____

*Pursuant to O.C.G.A. 24-13-21(c)-(h), an attorney of record may complete this subpoena form prior to service upon the witness. Any person misusing a subpoena is subject to punishment for contempt of court and may be fined not more than $300.00 and imprisoned for not more than 20 days.