

SAMPLE AFFIDAVIT

NAME OF ATTORNEY
1234 EAST 5678 SOUTH
SALT LAKE CITY, UT 84121
PHONE: 456-7890

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
DEPARTMENT OF COMMERCE, STATE OF UTAH

JOHN DOE,)	
)	
Petitioner,)	AFFIDAVIT OF COUNSEL IN
)	SUPPORT OF REQUEST TO
vs.)	ISSUE SUBPOENAS
)	
RICHARD ROE, M.D.)	
)	
Respondent.)	Case No. _____
)	

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

I, (name), being first duly sworn under oath, state the following:

1. The information contained in this Affidavit is true and is based upon my knowledge.
2. I am an attorney duly licensed to practice in the State of Utah.
3. I am counsel for (name), in the above-captioned matter.

4. I hereby certify that the medical records being sought by way of the medical records subpoena which I am requesting be issued by the Division of Occupational & Professional Licensing for the following care providers: (name), (name), are believed by me to be directly related to the above-captioned medical liability claim.

DATED this _____ day of _____, 2004.

(name of firm)

By: _____
(attorney name)
Attorney for (name)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2004.

Notary Public
Residing in the State of Utah