

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY  
STATE OF \_\_\_\_\_

_____	)	
	)	
<b>Petitioner/Plaintiff,</b>	)	
	)	
<b>Vs.</b>	)	<b>NO.</b> _____
	)	
_____	)	
<b>Respondent/Defendant</b>	)	
	)	

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**NOTICE OF INTENT**  
**TO SERVE SUBPOENA ON NON-PARTY**

Take notice that upon the expiration of \_\_\_\_\_ ( ) days from the date of service of this Notice, Defendant, \_\_\_\_\_, Inc. Inc., will apply to the Clerk of this Court for the issuance of the attached subpoena directed to the \_\_\_\_\_ Medical Center, who is not a party and whose address is \_\_\_\_\_, \_\_\_\_\_, to produce copies of the following documents:

"Any and all medical records, correspondence, notes, memoranda, reports, x-rays or other documents, including an itemized statements of charges, which relate to the treatment and medical condition of \_\_\_\_\_, who resides at \_\_\_\_\_, \_\_\_\_\_; Social Security Number \_\_\_\_\_, injured on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_."

Respectfully submitted,

Dated: \_\_\_\_\_

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

Title:

Address:

Address:

City, State, Zip:

Phone:

Fax:

E-Mail:

Attorney No.:

### **CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, do hereby certify that I have this day mailed,  
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing to

\_\_\_\_\_, at the following address;

\_\_\_\_\_

THIS the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_