

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and address</i> ): _____ _____ _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
<b>ORDER TO ATTEND COURT OR PROVIDE DOCUMENTS: Subpoena/Subpoena Duces Tecum</b>	CASE NUMBER: _____

**You must attend court or provide to the court the documents listed below.** Follow the orders checked in item 2 below. If you do not, the judge can fine you, send you to jail, or issue a warrant for your arrest.

1. To: (*name or business*) \_\_\_\_\_

2. You must follow the court order(s) checked below:

- a.  Attend the hearing.
- b.  Attend the hearing *and* bring all items checked in c. below.
- c.  Provide a copy of these items to the court (Do not use this form to obtain Juvenile Court records):
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_
- If this box is checked, provide all items listed on the attached sheet labeled "Provide These Items."*
- d.  If someone else is responsible for maintaining the items checked in c. above, that person (the Custodian of Records) must also attend the hearing.
- e.  If this box is checked and you deliver all items listed above to the court **within 5 days of service of this order**, you do not have to attend court if you follow the instructions in item 5.

3. **Court Hearing Date:** \_\_\_\_\_ **The court hearing will be at** (name and address of court):  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ 301 BICENTENNIAL CIRCLE  
 Dept: \_\_\_\_\_ Rm.: \_\_\_\_\_ SACRAMENTO, CA 95826

Call the person listed in item 4 to make sure the hearing date has not changed. If you cannot go to court on this date, you must get permission from the person in item 4. You may not be entitled to witness fees, mileage, or both, in the discretion of the court. Ask the person in item 4 after your appearance.

4. The person who has required you to attend court or provide documents is:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number, Street, Apt. No. \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip



Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title

