

**LOWNDES COUNTY MAGISTRATE COURT
STATE OF GEORGIA**

SUBPOENA REQUEST FORM

Plaintiff/s

vs

Civil Action File # _____

Defendant/s

Please subpoena the following person/s to appear on my/our behalf for a trial/hearing scheduled to be heard in the Lowndes County Magistrate Court:

Name _____
Address _____

Phone # (____) _____

Name _____
Address _____

Phone # (____) _____

Name _____
Address _____

Phone # (____) _____

Name _____
Address _____

Phone # (____) _____

Requested by: __ Plaintiff/s __ Defendant/s __ Plaintiff/s' Attorney __ Defendant/s' Attorney

Trial/Hearing Date is: _____

Trial/Hearing Time is :

Subpoena Request Form filed this _____ day of _____ 20_____.
(Day) (Month) (Year)

(Signature of Applicant/s)

(Date)

Filed in this _____ **day of** _____, **20**____ **by** _____
(Deputy Clerk Signature)

=====
Office Use:

Subpoena/s prepared on: _____ / Given to Constable on: _____.

Subpoena Notification Letter mailed on: _____ to: __ Pltf/s __ Def/s __ Pltf/s Attorney __ Def/s Attorney.

Service Confirmation Letter mailed on: _____ to: __ Pltf/s __ Def/s __ Pltf/s Attorney __ Def/s Attorney.