

IN THE COURT OF COMMON PLEAS
LORAIN COUNTY, OHIO

General Division - CRIMINAL

Subpoena and Return

STATE OF OHIO

Plaintiff,

VS.

Case No. _____

Defendant.

TO: (Print name and address below)

Attorney: _____
Attorney for: _____
Telephone: _____
E-mail (optional): _____

If you have any questions concerning this subpoena, please contact the attorney whose name and contact information are listed above.

YOU ARE HEREBY COMMANDED TO, AT THE DATE, TIME, AND LOCATION LISTED BELOW:

attend and give testimony at trial or hearing from day to day until discharged, to testify as a witness on behalf of _____.

produce the following documentary evidence at a trial, hearing, or deposition: _____

DATE: _____ day of _____, 20____ **TIME:** _____ o'clock a.m./p.m.

LOCATION: _____

PLEASE REPORT FIRST TO THE CLERK OF COURT, ROOM 106, LORAIN COUNTY JUSTICE CENTER, 225 COURT STREET, ELYRIA, OHIO.

WITNESS my signature and seal of said Court at Elyria, Ohio, this _____ day of _____, 20____.

Tom Orlando, Clerk of Court by _____, Deputy Clerk.

COURT OF COMMON PLEAS
LORAIN COUNTY, OHIO

STATE OF OHIO)	CASE NO. _____
)	
Plaintiff,)	
)	
VS.)	JUDGE _____
)	
_____)	
)	RETURN OF SERVICE OF CRIMINAL SUBPOENA
Defendant.)	

NAME AND ADDRESS OF PERSON ON SUBPOENA: _____ _____ DATE, TIME AND LOCATION OF TRIAL OR HEARING: _____ _____

(The following to be completed by Sheriff, process server, or attorney)

I received this Subpoena on _____, 20____, and served the same on the person herein named on _____, 20_____.

Service was accomplished by _____
_____.

I was unable to complete service for the following reason(s): _____
_____.

SHERIFF'S FEES

Service and Return _____	\$ _____
Mileage _____ # miles _____	\$ _____
Copies _____	\$ _____
Total:	\$ _____

PHIL R. STAMMITI, Lorain Co. Sheriff

BY: _____
Deputy

PROCESS SERVER/ATTORNEY CERTIFICATION

I certify that the foregoing information is correct to the best of my knowledge and belief.

(signature of individual performing service)

Print name: _____