



State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025

Phone 512.475.4993 | Fax 512.522.5263

Driver's License (ALR) Subpoena

Texas Department of Public Safety

§

Subpoena

§

v.

§

SOAH Docket Number

§

§

THE STATE OF TEXAS

TO: Any Sheriff; Constable; or Person not less than 18 years old and not a party:

YOU ARE COMMANDED to serve this subpoena by delivery to the following person:

Witness Name _____

Address:

City

State

Zip Code

Texas Department of Public Safety

v.

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§
§

Subpoena
SOAH Docket Number

GREETINGS, YOU ARE COMMANDED to attend and give testimony in the above-named proceeding.

***This matter is set for hearing on _____, 20__ at ____ AM PM.**

The hearing will be conducted by Zoom videoconference or _____ in person.

Physical Address or Videoconference instructions, Room/Venue, and SOAH Contact Number:

To join by computer or smart device, go to
<https://soah-texas.zoomgov.com> and enter:

To join by telephone (audio only), call
+1 669 254 5252, and enter:

Meeting ID _____

Meeting ID _____

Video Passcode _____

Telephone Passcode _____

YOU ARE COMMANDED TO BRING with you the following document(s) and object(s) related to Defendant's arrest if they are in your possession, custody, or control:

None DIC 23

Probable cause affidavit

DIC 24

Video or Digital Recording

Offense Report _____

Any other prepared report

(include number if known)

Subpoena issued on the request of:

Name _____

Email Address _____

Phone Number _____

This subpoena shall remain in effect until you are relieved by the Administrative Law Judge. Witness fees will be paid to you upon your appearance. Failure without adequate excuse to obey this subpoena may be deemed a contempt of court and may subject you to administrative sanctions or judicial enforcement by the district court in the county in which the subpoena is served and may be punishable by fine or confinement or both.

Date _____

Signature _____

If you have questions regarding this subpoena, contact the nearest Department of Public Safety office at:

Austin: alraustinzzone-fax@dps.texas.gov

Dallas: alrdallaszone@dps.texas.gov

San Antonio: alrsanantonioz@dps.texas.gov

El Paso: alrelpaso@dps.texas.gov

Fort Worth: alrfortworthz@dps.texas.gov
Lubbock: alrlubbockzone@dps.texas.gov
Midland: alrmidland@dps.texas.gov

Houston: alrhoustonzone@dps.texas.gov
Amarillo: alramarillo@dps.texas.gov
Abilene: alrabilene@dps.texas.gov

RETURN TO STATE OFFICE OF ADMINISTRATIVE HEARINGS

Defendant Name _____
SOAH Docket Number _____
Date and Time of Hearing _____, 20__ at _____ AM PM
Officer/Witness Name _____

CERTIFICATE OF SERVICE

I executed this subpoena by delivering a copy to _____ at

_____ on _____, 20__ at _____ AM PM.

Any and all fees and costs incurred for service of this subpoena were submitted to the requesting party for payment.

I declare that the following is true and correct:

Printed Name

Signature

Date

Address/City

State

Zip Code

Copies to: (1) Texas Department of Public Safety
(2) Defendant Attorney

ACCEPTANCE OF SERVICE

I, the undersigned witness named in this Subpoena, acknowledge that I received and accepted service of this Subpoena. I further understand my legal obligation to appear at the hearing.

Witness Signature

Date

ALTERNATIVE ACCEPTANCE OF SERVICE

I acknowledge that I received and accepted service of this subpoena on behalf of the requested witness, pursuant to agency policy.

Signature of person accepting service

Date
