



## State Office of Administrative Hearings

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

Phone 512.475.4993 | Fax 512.522.5263

# Request for Judge Issued Subpoena by Self-Represented Litigant

TO:  
Administrative Law Judge  
State Office of Administrative Hearings  
\_\_\_\_\_, Texas

Date: \_\_\_\_\_, 20\_\_

I, \_\_\_\_\_ request that a subpoena be issued to require attendance of a certain witness to attend and give testimony [and bring certain evidentiary documents and/or items] considered relevant and material to the administrative hearing. In support of this request, I submit the following information (Please fill out all blank spaces):

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

\_\_\_\_\_  
Address City State Zip Code

Docket Number: \_\_\_\_\_

Scheduled Hearing date/time \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ AM PM.

Hearing Type Videoconference/Virtual

In Person \_\_\_\_\_  
(Location)

Requested Witness and Employer \_\_\_\_\_

Description of Items to be Produced by Witness (if applicable):

State, with good cause, why the testimony or items are relevant and necessary:

I certify that a copy of this request was delivered to the DPS attorney on \_\_\_\_\_, 20\_\_.

Defendant Signature \_\_\_\_\_

# Driver's License (ALR) Subpoena

Texas Department of Public Safety

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§  
§

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.

§  
§  
§  
§

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](mailto:alraustinzzone-fax@dps.texas.gov)

Dallas: [alrdallaszone@dps.texas.gov](mailto:alrdallaszone@dps.texas.gov)

San Antonio: [alrsanantonioz@dps.texas.gov](mailto:alrsanantonioz@dps.texas.gov)

El Paso: [alrelpaso@dps.texas.gov](mailto:alrelpaso@dps.texas.gov)

Fort Worth: [alrfortworthz@dps.texas.gov](mailto:alrfortworthz@dps.texas.gov)

Houston: [alrhoustonzone@dps.texas.gov](mailto:alrhoustonzone@dps.texas.gov)

Lubbock: [alrlubbockzone@dps.texas.gov](mailto:alrlubbockzone@dps.texas.gov)

Amarillo: [alramarillo@dps.texas.gov](mailto:alramarillo@dps.texas.gov)

Midland: [alrmidland@dps.texas.gov](mailto:alrmidland@dps.texas.gov)

Abilene: [alrabilene@dps.texas.gov](mailto: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 \_\_\_\_\_

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**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

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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