



State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.522.5263

Subpoena for Witness Deposition / Subpoena Duces Tecum

State Office of Administrative Hearings Docket Number: _____

IN THE MATTER OF

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BEFORE THE STATE OFFICE

OF

ADMINISTRATIVE HEARINGS

THE STATE OF TEXAS

TO: Any Sheriff or Constable of the State of Texas; or other person authorized to serve and execute subpoenas.

GREETINGS:

You are hereby authorized and required, pursuant to TEX. GOV'T CODE § 2001.089 and the _____, to summon:

Witness Name: _____

Witness Address: _____

To personally appear at a deposition in the above-referenced matter docketed before the State Office of Administrative Hearings and assigned to _____, an Administrative Law Judge of the State Office of Administrative Hearings, duly authorized and empowered to issue subpoenas and commissions for deposition.

The deposition in the above-referenced matter is scheduled for:

Address: _____

Room: _____

Date and Time: _____

The witness shall attend the deposition from day to day until discharged.

SAID ABOVE NAMED WITNESS IS FURTHER COMMANDED to produce at said time and place set forth above the following records or documents:

ISSUED this _____ day of _____ (Month), _____ (Year), at the request of _____ in the said docketed matter.

Administrative Law Judge

State Office of Administrative Hearings

RETURN TO THE STATE OFFICE OF ADMINISTRATIVE HEARINGS

CERTIFICATE OF SERVICE

I received this subpoena for service on: _____ (Date) at _____ AM PM.

I executed this subpoena by delivering a copy to _____ in person at
_____ on _____ (Date) at _____ AM PM.

I declare the foregoing is true and correct:

Printed Name

Signature

Date

Mailing Address

City

State

Zip Code

ACCEPTANCE OF SERVICE

I acknowledge that I received and accepted service of this subpoena at _____
on _____ (Date) at _____ AM PM. I further by legal obligation to appear
at the hearing.

Witness Signature

Date