REQUEST FOR WITNESS SUBPOENA

Civil Case No. _____

Style of Case _____ v. _____
PLAINTIFF DEFENDANT

Loudoun County Circuit Court
18 East Market Street, Leesburg VA 20176
Mailing Address: P.O. Box 550, Leesburg VA 20178
Phone: 703-771-5644

TO BE SERVED BY:

_____

(SHERIFF SERVICE IN VIRGINIA IS $12 per party)

PLEASE SUMMON: (may attach list if more than one person)

_____
NAME OF PERSON TO BE SERVED

_____
STREET ADDRESS FOR SERVICE

_____
CITY STATE ZIP CODE

TO APPEAR IN THIS COURT ON

_____, _____, at _____AM/PM, to testify in the case of
MONTH DAY YEAR TIME

_____ **v.**
PLAINTIFF

_____
DEFENDANT

This subpoena is requested on application of the
[ ] Plaintiff
[ ] Defendant

by_____ Phone_____
(PRINT NAME)

_____ _____
SIGNATURE DATE