

CITY OF AKRON / STATE OF OHIO

Plaintiff

vs.

CASE NO:

SUBPOENA

Defendant

TO: _____

.....
Attorney: _____

Supreme Ct. Reg. # _____

Address: _____

City, State, Zip _____

Phone Number: _____
.....

You are hereby required to be and appear before the AKRON MUNICIPAL COURT, 172 S. Broadway Street, Akron, OH 44308, on the _____ day of _____, 20____, at _____m., to testify as a Witness in a certain case pending in said Court, wherein The City of Akron/State of Ohio, Plaintiff, and _____, Defendant, AND FURTHER, to bring with you and produce at the time and place aforesaid:

Witness my hand and seal of said Court, this _____ day of _____, 20_____.

SANDRA KURT, Clerk of Courts

Deputy Clerk of Courts

RETURN OF SERVICE

On the ____ day of _____, 20____, at _____M., I served the above-named individual by:

Check one: ___ Personal Service ___ Residence Service a true copy of this subpoena.

Police Officer Attorney Bailiff ID# Process Server _____

Returned and filed ____ day of _____, 20____. SANDRA KURT, Clerk of Courts, _____ Dep. Clerk

Please present this subpoena to court officials for fee approval.

AUTHORIZATION _____

FEE _____

AUTHORIZATION _____

MILEAGE _____

TOTAL _____

To Server: Leave original with witness. Complete 'Return of Service' on copy and file with the Clerk of Courts.