

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

In re: _____

Petitioner,
and

Respondent.

**SUBPOENA FOR DEPOSITION
(ISSUED BY CLERK)**

THE STATE OF FLORIDA:
TO _____

YOU ARE COMMANDED to appear before a person authorized to take depositions at *{address}* _____.

If you fail to appear you may be held in contempt of court.

You are subpoenaed to appear by the **clerk of the circuit court** on behalf of the party indicated below, and unless you are excused from this subpoena by the party indicated below or the court, you must respond to this subpoena as directed.

DATE: _____

DEPUTY CLERK

[Print, type, or stamp the name of the deputy clerk]

{Party}: _____

{Address}: _____

{Telephone Number}: _____

{E-mail address(es)}: _____

CERTIFICATE OF SERVICE

I certify that a copy of this document was [choose only **one**] (mailed (faxed and mailed (hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this document and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature of Party or his/her Attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of
notary or deputy clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact:

{identify applicable court personnel by name, address, and telephone number}
at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in **all** blanks] This form was prepared for the *{choose only one}* Petitioner (Respondent
This form was prepared with the assistance of:
{name of individual} _____,
{name of business} _____,
{address} _____
{city} _____, *{state}* _____, *{telephone number}* _____.