



**State Office of Administrative Hearings**

P.O. Box 13025, Austin, Texas 78711-3025  
Phone 512.475.4993 | Fax 512.322.2061

# Subpoena for Witness Deposition / Subpoena Duces Tecum

State Office of Administrative Hearings Docket Number: \_\_\_\_\_

In the Matter of

§

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 a 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.



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

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Administrative Law Judge

State Office of Administrative Hearings

**RETURN TO  
THE STATE OFFICE OF ADMINISTRATIVE HEARINGS**

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**CERTIFICATE OF SERVICE**

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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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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**ACCEPTANCE OF SERVICE**

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date