



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.

[illegible]

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:

Signature

Printed Name

Date

Address

City

State

Zip

ACCEPTANCE OF SERVICE

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