

STATE OFFICE OF ADMINISTRATIVE HEARINGS



Driver's License (ALR) Subpoena

Texas Department of Public Safety

V.*

§
§
§
§
§

Subpoena

SOAH Docket Number*:

* indicates a required field

THE STATE OF TEXAS

TO: Any Sheriff; Constable; or Person not less than 18 years old and not a party:

YOU ARE COMMANDED to serve this subpoena by delivery to the following person:

Witness*:

Address:

City:

State

Zip

Texas Department of Public Safety**V.***§
§
§
§
§**Subpoena****SOAH Docket Number*:**

GREETINGS, YOU ARE COMMANDED to attend and give testimony in the above named proceeding.

***This matter is set for hearing on** _____, **20**__ **at** _____ ☐ **AM** ☐ **PM** The

hearing will be conducted ☐ by Zoom videoconference ☐ in person.

Physical Address or Videoconference Instructions*	Room/Venue: <input type="text"/>
<input type="text"/>	SOAH Office Contact Number: <input type="text"/>

YOU ARE COMMANDED TO BRING with you the following document(s) and object(s) related to Defendant's arrest if they are in your possession, custody, or control:

☐ None DIC 23☐ DIC 24

☐ Offense Report:
(include number if known)

☐ Probable cause affidavit☐ Video or digital recording☐ Any other report you prepared

Subpoena issued on the request of*:

(Name, address, & phone)

This subpoena shall remain in effect until you are relieved by the Administrative Law Judge. Witness fees will be paid to you upon your appearance. Failure without adequate excuse to obey this subpoena may be deemed a contempt of court and may subject you to administrative sanctions or judicial enforcement by the district court in the county in which the subpoena is served, and may be punishable by fine or confinement or both.

Date

Signature

If you have questions regarding this subpoena, contact the nearest Department of Public Safety office at:

Austin: alraustinzzone-fax@dps.texas.gov

San Antonio: alrsanantonioz@dps.texas.gov

Fort Worth: alrfortworthz@dps.texas.gov

Lubbock: alrlubbockzone@dps.texas.gov

Midland: alrmidland@dps.texas.gov

Dallas: alrdallaszone@dps.texas.gov

El Paso: alrelpaso@dps.texas.gov

Houston: alrhoustonzone@dps.texas.gov

Amarillo: alramarillo@dps.texas.gov

Abilene: alrabilene@dps.texas.gov

**RETURN TO
STATE OFFICE OF ADMINISTRATIVE HEARINGS**

Information in this section is required

Defendant Name*: _____

SOAH Docket Number*: _____

Date and Time of Hearing*: _____, 20__ at _____ ☐ AM ☐ PM

Officer/Witness Name*: _____

CERTIFICATE OF SERVICE

I executed this subpoena by delivering a copy to _____

at _____

on Month _____ Day _____ 20__ at _____ ☐ AM ☐ PM

Any and all fees and costs incurred for service of this subpoena were submitted to the requesting party for payment.

I declare the foregoing is true and correct:

Printed Name

Signature of Person Serving Subpoena

Date

Address

City

State

Zip

Copies to: (1) Texas Department of Public Safety
(2) Defendant Attorney

ACCEPTANCE OF SERVICE

I, the undersigned witness named in this Subpoena, acknowledge that I received and accepted service of this Subpoena. I further understand my legal obligation to appear at the hearing.

WITNESS SIGNATURE

Date

ALTERNATIVE ACCEPTANCE OF SERVICE

I acknowledge that I received and accepted service of this subpoena on behalf of the requested witness, pursuant to agency policy.

SIGNATURE OF PERSON ACCEPTING SERVICE

Date