State Office of Administrative Hearings
P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.322.2061

CONFIDENTIAL

SOAH Docket No.

TEA Docket No.

_____,	§	BEFORE THE STATE OFFICE
	§	
Petitioner	§	
	§	
v.	§	OF
	§	
	§	
_____,	§	
Respondent	§	ADMINISTRATIVE HEARINGS

Witness Subpoena

TO: ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS OR OTHER PERSON AUTHORIZED TO SERVE SUBPOENAS PURSUANT TO TEX. R. CIV. P. 176.5

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

Witness Name: _____

Witness Address: _____

Pursuant to the provisions of the Texas Government Code, Section 2001.089 and § 89.1180(g) of Title 19 of the Texas Administrative Code, the above-named witness is summoned to attend and give testimony on behalf of Petitioner/Respondent. The special education due process hearing in the above-referenced is set to take place on:

Date of Hearing: _____

Time of Hearing: _____

To join by computer or smart device, go to https://soah-texas.zoomgov.com and enter:

Meeting ID _____

Video Passcode _____

To join by telephone (audio only), call +1 669 254 5252, and enter:

Meeting ID _____

Telephone Passcode_____

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed in contempt of the court from which the subpoena is issued or a district court in the county in which the subpoena is served, and may be punished by fine or confinement, or both.

This subpoena is issued at the request of:

◯ Petitioner
◯ Respondent

WITNESS my official signature on the _____ day of _____, 20___.

_____
Presiding Administrate Law Judge

CERTIFICATE OF SERVICE

I certify that a copy of the Witness Subpoena was sent to the opposing party via email _____(email address sent to)_____ (month) on _____(day), _____ (year).

_____
Name of Person Filing the Witness Subpoena

CERTIFICATE OF SERVICE

I received the Witness Subpoena for service on _____ at _____

◯ a.m. ◯ p.m.

I executed the subpoena by delivering a copy to _____ in person at _____ on _____ at _____ ◯ a.m. ◯ p.m.

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.

Date: _____

Signed: _____

Name: _____

Address: _____

ACCEPTANCE OF SERVICE

I acknowledge that I received and accepted service of this Witness Subpoena
at _____ on_____ at _____

◯ a.m ◯ p.m.

Date: _____

Witness: _____