

STATE OF TENNESSEE RUTHERFORD COUNTY CHANCERY COURT	<h1 style="margin: 0;">SUBPOENA</h1> <p style="margin: 0;">(Order To Appear)</p>	CASE FILE NUMBER
PLAINTIFF	DEFENDANT	
VS.		
TO: (Name, Address & Telephone Number of Witness)		
You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of court which could result in punishment by fine and/or imprisonment as provided by law. The failure to file a Motion to Quash or Modify within fourteen (14) days of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable cost for producing books, papers, documents, electronically stored information, or tangible things.		
TIME	DATE	ITEMS TO BRING:
PLAC CHANCERY COURT ROOM 306 - JUDICIAL BUILDING MURFREESBORO, TN 37130 (OR)		<input type="checkbox"/> Additional List Attached
This subpoena is being issued on behalf of <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant. Attorney: Name, Address & Telephone Number)		
		DATE ISSUED
		JOHN A. W. BRATCHER, Clerk and Master BY _____ <div style="text-align: right;">Deputy Clerk and Master</div>
RETURN ON SERVICE		
Check one, (1 or 2 are for the return of an authorized off officer or attorney; an attorney's return must be sworn to; 3. Is for the witness who will acknowledge service and requires the witness's signature.)		
1. <input type="checkbox"/> I certify that on the date indicated below I served a copy of this subpoena on the witness stated above by _____		
2. <input type="checkbox"/> I failed to serve a copy of this subpoena on the witness because _____		
3. <input type="checkbox"/> I acknowledge being served with this subpoena on the date indicated below.		
Sworn to and subscribed before me on this _____ day of _____	DATE OF SERVICE	
Signature of <input type="checkbox"/> Notary Public or <input type="checkbox"/> Deputy Clerk	SIGNATURE OF WITNESS, OFFICER OR ATTORNEY	
My Commission Expires: _____		

Submit three copies: file copy, service copy & witness copy.

ADA COORDINATOR (615-494-4480)