If possible, please print on yellow paper.

REQUEST FOR WITNESS SUBPOENA

Commonwealth of Virginia

VA. CODE §§ 8.01-407, 16.1-265, 17.1-617, 19.2-267;
Rules 3A:12, 7A:12, 8:13

CITY OR COUNTY

☐ GENERAL DISTRICT COURT (☐ Civil ☐ Criminal ☐ Traffic)

☐ JUVENILE and DOMESTIC RELATIONS DISTRICT COURT

Please subpoena the witnesses below to appear before the Court on the date shown. (See Va. Code § 17.1-617 regarding limitation on compensation of subpoenaed witnesses.) Requests for subpoenas for witnesses should be filed at least ten days prior to trial or hearing.

WITNESSES (IF MAILING ADDRESS IS RFD, P.O. BOX, ETC., PLEASE INDICATE LOCATION WHERE WITNESS CAN BE FOUND)

NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE
NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE	NAME (LAST, FIRST, MIDDLE): ADDRESS/LOCATION CITY OR COUNTY TELEPHONE

FORM DC-325 12/98 PC (114:6-010 7/99)

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CASE NO.

REQUEST FOR WITNESS

☐ Commonwealth of Virginia

☐ CITY ☐ COUNTY ☐ TOWN of

☐

PLAINTIFF(S)

V. / *In re*

DEFENDANT(S)/CHILD

Charge:

(TRAFFIC OR CRIMINAL CASE)

COURT DATE AND TIME

REQUEST ON BEHALF OF

☐ Commonwealth ☐ City, County or Town
☐ PLAINTIFF(S) ☐ DEFENDANT(S) ☐ JUVENILE

REQUESTED BY:

PRINTED NAME

SIGNATURE

COURT USE ONLY

DATE RECEIVED	DATE ISSUED