

ELMIRA CITY COURT

317 E CHURCH STREET
ELMIRA, NY 14901
607-873-9520

SUBPOENA REQUEST FORM
ALL REQUESTS MUST BE APPROVED BY
THE JUDGE OR CHIEF CLERK

DATE: _____

DOCKET # _____

TRIAL DATE: _____

DEFENDANT NAME: _____

PERSON REQUESTING SUBPOENA _____

WITNESS REASON WITNESS IS NEEDED NAME & ADDRESS

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

Granted: _____

REQUESTED BY: _____

Denied: _____

Date: _____

Revised 4/12/13