

**STATE OF GEORGIA
COUNTY**

WITNESS SUBPOENA

TO WITNESS: Name: Address:	COURT: <input checked="" type="checkbox"/> Superior Court <input type="checkbox"/> State Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Magistrate Court
	DIVISION: <input type="checkbox"/> Civil <input type="checkbox"/> Criminal
Case No. Summoned by: Date:	LOCATION: <input type="checkbox"/> County Courthouse <input type="checkbox"/> Other Location () <input type="checkbox"/> OTHER ()

SUBPOENA

YOU ARE COMMANDED that, laying all business aside, you be and appear at the court in the division shown above on the date and time and at the location stated above, then and there to be sworn as a witness called by the party(ies) named above.

HEREIN FAIL NOT, under penalty of law.

If you have questions, contact:

 , Clerk or Deputy Clerk
 Superior Court

OATH OF SERVICE

STATE OF GEORGIA, COUNTY

Claim is hereby made for witness fee in the case named above. I hereby swear or affirm that I appeared as a witness in the above-referenced court as a witness on (date) _____, during a time other than during my regular duty hours and that I have neither received nor claimed any other witness fee upon any other subpoena before this court on this date.

In addition (if applicable), I submit the following claim for miles driven in my personal vehicle to and from court:
 Miles claimed: _____ From: _____ To: _____

Sworn to and subscribed before me on this _____ day
 of _____, 20_____.

Witness

Notary Public

ATTENDANCE CERTIFICATE

The above-named witness was in attendance of the Court indicated on date(s) shown. Actual service dates were: _____.

Presiding Judge or Prosecutor

LAW ENFORCEMENT AGENTS ONLY

COMPENSATION CERTIFICATE

I hereby certify that the above-named law enforcement agent (witness) has not been nor shall be paid or given additional compensation nor given any time off as a result of services rendered as a witness in the above-captioned case on the day(s) specified. In addition, mileage claimed IS/IS NOT authorized as a bona fide expense for which the officer is entitled to reimbursement.

Title

FOR CLERK ONLY - DATE PAID: _____ CHECK NUMBER: _____ AMOUNT PAID: \$ _____