

STATE OF GEORGIA  
LIBERTY COUNTY



WITNESS SUBPOENA

<b>TO WITNESS:</b> Name: Address:	<b>COURT:</b> <input type="checkbox"/> Superior Court <input type="checkbox"/> State Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Magistrate Court <hr/> <b>DIVISION:</b> <input type="checkbox"/> Civil <input type="checkbox"/> Criminal
<b>Case No.</b> <b>Summoned by:</b> <b>Summons Date:</b>	<b>LOCATION:</b> <input type="checkbox"/> Liberty County Justice Center <input type="checkbox"/> Liberty County Historical Courthouse <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:
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\_\_\_\_\_  
**Linda Dixon Thompson, Clerk (or Deputy Clerk)**  
 Liberty Superior Court, State Court, Juvenile Court, and  
 Magistrate Court

**OATH OF SERVICE**

STATE OF GEORGIA  
LIBERTY 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) \_\_\_\_\_, 20\_\_\_\_, 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: _____
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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: \$ \_\_\_\_\_