## REQUEST FOR WITNESS SUBPOENA
## Municipal Court for the City of Beckley

Please subpoena the witnesses below to appear before the Court on the date shown. Requests for subpoenas for witnesses should be filed at least two weeks prior to trial or hearing.

**WITNESSES**

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

**(PLEASE PRINT)**

| #1 | #2 |
|---|---|
| NAME (LAST, FIRST, MIDDLE) | NAME (LAST, FIRST, MIDDLE) |
| STREET ADDRESS / LOCATION | STREET ADDRESS / LOCATION |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |
| COUNTY ( ) | COUNTY ( ) |
| TELEPHONE NUMBER | TELEPHONE NUMBER |
| #3 | #4 |
| NAME (LAST, FIRST, MIDDLE) | NAME (LAST, FIRST, MIDDLE) |
| STREET ADDRESS / LOCATION | STREET ADDRESS / LOCATION |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |
| COUNTY ( ) | COUNTY ( ) |
| TELEPHONE NUMBER | TELEPHONE NUMBER |

*"And Justice for All"*

**CASE NO.**

_____

## REQUEST FOR WITNESS SUBPOENA

_____
**NAME OF DEFENDANT(S)**

**Charge(s):**_____
***(Traffic or Criminal Case)***

**COURT DATE:** _____/_____/_____

**Request on Behalf of:**

☐ Arresting Officer
☐ Defendant
☐ Attorney for Defendant
☐ City Attorney
☐ Other_____

**REQUESTED BY**

_____
PRINTED NAME

_____
SIGNATURE

**Contact Information If Not With City of Beckley**

Address:_____

_____

Telephone:_____

COURT USE ONLY

| DATE RECEIVED | DATE ISSUED |
|---|---|
| | |