STATE OFFICE OF ADMINISTRATIVE HEARINGS

	Person not less than 18 years old and not a party: we this Subpoena by delivery to the following person:
GREETING, YOU ARE COMMANDED to app	ear to testify in this proceeding at the following place and time:
Address:	Room:
	Date and Time:
☐ DIC 23. ☐ Video or DIC 24. ☐ Any other If you have any questions in regarm Safety at: Austin - (512) 424-5193 Fort Worth - (817) 882-8263 Corpus Christi - (361) 698-5522 Midland - (432) 498-2195 Bryan - (979) 776-3148	cause affidavit. ☐ Offense report. (Report #
Subpoena issued on the requ	est of:
[Attorney's name, address and p	hone]
This subpoena shall remain in effect paid to you upon your appearance.	et until you are excused by the Administrative Law Judge. Witness fees will be

Attorney at Law

Date

RETURN TO THE STATE OFFICE OF ADMINISTRATIVE HEARINGS

Defendant Name:	SOAH Docket No.:	
Date of Hearing: Officer/Witness Name:		
Ĺ [7	This Information must be completed] Ĵ	
CEI	RTIFICATE OF SERVICE	
I received this subpoena for service on	at	□(A.M.) □(P.M.).
I executed this subpoena by delivering a	copy to	in
person at	on	at
\square (A.M.) \square (P.M.).		
Any and all fees and costs incurred for serving	ice of this subpoena were submitted to the	ne requesting Party for payment.
	I declare the foregoing	g is true and correct:
Data	Signed:	
Date:	Name:	
	Address:	
Copies to: (1) Texas Department of Pu (2) Defendant or Attorney	blic Safety	
ACC	CEPTANCE OF SERVICE	
I acknowledge that I received and accepted	d service of this Subpoena at	
on at	_	
the hearing.		
Date	Witness signatur	·e