

City of Colorado Springs Municipal Court
224 E. Kiowa St.-P.O. Box 2169
Colorado Springs, Co. 80901
(719) 385-5922

SUBPOENA REQUEST FORM

Return By _____

Your Name: _____ Summons # _____ Case Number: _____
Court Date: _____ Time: _____ am/pm Div: _____

Please complete this form in full, giving as much information as possible regarding where we can find your witnesses. Include information for each person you want to appear on your behalf regardless of whether or not that person may be subpoenaed by the city or someone else. The court must receive this information **five weeks prior** to your scheduled court appearance.

The CSPD Marshal Unit is dedicated to serving these subpoenas, but service is not guaranteed.

To Be Subpoenaed:

1) Last Name _____ M.I. _____ First Name _____
Home Address _____ City _____ St. _____ Zip _____
Home Phone _____ Place of Business/School _____
Work Address _____ Work Phone _____

2) Last Name _____ M.I. _____ First Name _____
Home Address _____ City _____ St. _____ Zip _____
Home Phone _____ Place of Business/School _____
Work Address _____ Work Phone _____

3) Last Name _____ M.I. _____ First Name _____
Home Address _____ City _____ St. _____ Zip _____
Home Phone _____ Place of Business/School _____
Work Address _____ Work Phone _____

4) Last Name _____ M.I. _____ First Name _____
Home Address _____ City _____ St. _____ Zip _____
Home Phone _____ Place of Business/School _____
Work Address _____ Work Phone _____

5) Last Name _____ M.I. _____ First Name _____
Home Address _____ City _____ St. _____ Zip _____
Home Phone _____ Place of Business/School _____
Work Address _____ Work Phone _____

Date Issued: _____ Forward to Marshal / Mail by: _____
(Deputy Clerk)

This information furnished by the undersigned this _____ day of _____ 20____

Defendant / Attorney Signature