



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

CASE NO.	

REQUEST FOR WITNESS SUBPOENA	
NAME OF DEFENDANT(S)	
Charge(s): _____ <i>(Traffic or Criminal Case)</i>	
COURT DATE: ____/____/____	
Request on Behalf of:	
<input type="checkbox"/> Arresting Officer	<input type="checkbox"/> City Attorney
<input type="checkbox"/> Defendant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Attorney for Defendant	
REQUESTED BY	
_____ PRINTED NAME	
_____ SIGNATURE	
Contact Information If <u>Not</u> With City of Beckley	
Address: _____ _____	
Telephone: _____	
COURT USE ONLY	
DATE RECEIVED	DATE ISSUED