

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.  
 IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

<b>DIVISION</b> <input type="checkbox"/> CIVIL <input type="checkbox"/> FAMILY <input type="checkbox"/> CRIMINAL <input type="checkbox"/> OTHER	<b>SUBPOENA DUCES TECUM FOR DEPOSITION</b> (Order to appear with the items listed and give deposition)	<b>CASE NUMBER</b>
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<b>PLAINTIFF(S)/PETITIONER</b>	<b>VS. DEFENDANT(S)/RESPONDENT</b>	<b>SERVICE</b>
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**THE STATE OF FLORIDA:**

TO: \_\_\_\_\_  
 \_\_\_\_\_

**YOU ARE COMMANDED** to appear before a person authorized by law to take depositions  
 at \_\_\_\_\_  
 in \_\_\_\_\_, Florida, on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_m., for the taking  
 of your deposition in this action and to have with you at that time and place the following:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLOCK IN**

**IF YOU FAIL TO APPEAR, YOU MAY BE IN CONTEMPT OF COURT.**

You are subpoenaed to appear by the following attorneys: \_\_\_\_\_, and unless  
 excused from this subpoena by these attorneys or the Court, you shall respond to this subpoena as directed.

<b>HARVEY RUVIN CLERK OF COURTS</b>	BY: _____ <div style="text-align: center;">DEPUTY CLERK</div>	DATE
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Attorney for: _____ Address: _____ _____ Florida Bar No.: _____	(Court Seal)
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**AMERICANS WITH DISABILITIES ACT OF 1990**

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE DADE COUNTY COURT'S ADA COORDINATOR AT 175 N.W. 1ST AVENUE, SUITE 2702, MIAMI, FLORIDA, 33128, TELEPHONE NUMBERS (305) 349-7175 FOR VOICE, (305) 349-7174 FOR TDD AND (305) 349-7355 FOR FAX, WITHIN TWO (2) WORKING DAYS OF YOUR RECEIPT OF THIS DOCUMENT. TDD USERS MAY ALSO CALL 711, FOR THE FLORIDA RELAY SERVICE.