



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT SUBPOENA - CIVIL

Plaintiff/Petitioner	Civil Action File Number
Defendant/Petitioner	

<input type="checkbox"/> Murray Judicial Complex 2nd Division 45 Washington Square Newport, Rhode Island 02840-2913 *(401) 841-8350	<input type="checkbox"/> Noel Judicial Complex 3rd Division 222 Quaker Lane Warwick, Rhode Island 02886-0107 *(401) 822-6750
<input type="checkbox"/> McGrath Judicial Complex 4th Division 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 *(401) 782-4131	<input type="checkbox"/> Garrahy Judicial Complex 6th Division One Dorrance Plaza Providence, Rhode Island 02903-2719 *(401) 458-5400

TO: _____
of _____.

☐ **YOU ARE HEREBY COMMANDED** to appear in the District Court listed above at the date, time, and courtroom specified below to testify in the above-entitled case and bring with you:

Courtroom	Date	Time

If you need language assistance, please contact the Office of Court Interpreters at (401) 222-8710 or by email at interpreterfeedback@courts.ri.gov before your court appearance.

* If an accommodation for a disability is necessary, please contact the District Court Clerk's Office at the telephone number listed above as soon as possible. TTY users can contact the District Court through Rhode Island Relay at 7-1-1 or 1-800-745-5555 (TTY) to voice number.



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

☐ **YOU ARE HEREBY COMMANDED** to appear at the location, date, and time specified below to testify at the taking of a deposition in the above-entitled case.

Location of Deposition	Date	Time

☐ **YOU ARE HEREBY COMMANDED** to produce and permit inspection and copying of the following documents or objects at location, date, and time specified below (list documents or objects):

Location	Date	Time

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf and may set forth, for each person designated, the matters on which the person will testify. (D.C.R. 30(b)(6)).

Failure to comply with Subpoena may result in a finding of contempt under D.C.R. 45.

/s/ _____ Attorney for the <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent or <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent	Rhode Island Bar Number: Date:
Telephone Number: _____	

Issued by <input type="checkbox"/> Clerk, <input type="checkbox"/> Notary, or <input type="checkbox"/> Issuing Official pursuant to G.L. 1956 § 9-17-3	Date:
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/s/ _____ Clerk
_____ Name of Notary
_____ Signature of Notary
Notary commission expires: _____
Notary identification number: _____
_____ Name of Issuing Official
_____ Signature of Issuing Official



STATE OF RHODE ISLAND JUDICIARY
DISTRICT COURT

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PROOF OF SERVICE	
<input type="checkbox"/> I hereby certify that on the date below I served a copy of this Subpoena on _____ personally.	
<input type="checkbox"/> I hereby certify that I was unable to make service after the following reasonable attempts: _____	
SERVICE DATE: ____/____/____ Month Day Year	SERVICE FEE \$ _____
Signature of SHERIFF or DEPUTY SHERIFF or CONSTABLE	
SIGNATURE OF PERSON OTHER THAN A SHERIFF or DEPUTY SHERIFF or CONSTABLE MUST BE NOTARIZED.	
_____ Signature	
State of _____	
County of _____	
On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____	
<input type="checkbox"/> personally known to the notary or <input type="checkbox"/> proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.	
Notary Public: _____ My commission expires: _____ Notary identification number: _____	