



# STATE OF RHODE ISLAND JUDICIARY

## FAMILY COURT SUBPOENA - CIVIL

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 *(401) 841-8340	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 *(401) 822-6725
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 *(401) 782-4111	<input type="checkbox"/> Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 *(401) 458-3200

**TO:** \_\_\_\_\_  
of \_\_\_\_\_.

☐ **YOU ARE HEREBY COMMANDED** to appear in the Family 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](mailto:interpreterfeedback@courts.ri.gov) before your court appearance.

\* If an accommodation for a disability is necessary, please contact the Family 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

## FAMILY 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 (R.Dom.Rel.P. 30(b)(6)).

Failure to comply with this Subpoena may result in a finding of contempt under R.Dom.Rel.P. 45 or the imposition of sanctions under R.Dom.Rel.P. 37.

/s/ _____ Attorney for the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant or the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	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:
/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

## FAMILY COURT

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

### PROOF OF SERVICE

☐ I hereby certify that on the date below I served a copy of this Subpoena on \_\_\_\_\_ personally.

☐ 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 \_\_\_\_\_

☐ personally known to the notary or ☐ 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: \_\_\_\_\_