
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

SUBPOENA

State of Idaho, Department of Health and Welfare

The State of Idaho to: _____

YOU ARE COMMANDED to appear before Judge _____ at the
courtroom at _____,
Idaho, on _____, 20____, at _____ o'clock ____m. as a witness in this case.

IF YOU FAIL TO APPEAR at that place and time, you may be held in contempt of court and the
aggrieved party may recover from you the sum of \$100 and all damages that the party may sustain
by your failure to attend as a witness.

YOU ARE ALSO COMMANDED to bring with you the following items and documents:

Date: _____

By Order of the court.

CLERK OF THE DISTRICT COURT

By: _____
Deputy Clerk