

Name _____
(Plaintiff's or defendant's name, address, and telephone number)

Address _____

Telephone _____

_____, *Pro Se*
(Plaintiff or defendant)

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION—FAMILY PART
_____ COUNTY
(County where complaint is filed)

DOCKET NO. FM _____
(Docket number of complaint)

Name: _____
Plaintiff
vs.
Name: _____
Defendant

CIVIL ACTION
**SUBPOENA
AD TESTIFICANDUM
and DUCES TECUM**

The State of New Jersey, to: _____
(Name and address of witness being commanded to appear)

YOU ARE HEREBY COMMANDED to appear in person before the above-named Court at the _____ County Courthouse, Chancery Division,
(County where the complaint is filed)
Family Part, _____
(Address of the courthouse where the hearing will be held)

beginning on the _____ day of _____, 20____ at
(Beginning day, month, and year of hearing)

_____ a.m/p.m. and there to testify as a witness in the above-captioned
(Time of hearing)
matter.

YOU ARE ALSO COMMANDED to bring with you and to produce at that time
the following described books, papers, documents, and other tangible things:

1. _____
2. _____
3. _____

Provided that if you are notified that a motion to quash the subpoena has been
filed, the subpoenaed evidence shall not be produced or released until ordered to do so by
the Court or the release is consented to by all parties to the action.

Failure to appear or comply with the command of this subpoena will subject you
to the penalties provided by law.

(Below, sign the name of the Clerk, "Michelle M. Smith, Esq." followed by your own initials)

Dated: _____

Michelle M. Smith, Esq.
Clerk, Superior Court

PROOF OF SERVICE

On _____, 20____, I, _____,
(Date subpoena was delivered to witness) (Name of person who delivered the subpoena)
being over the age of 18, served the within subpoena by hand-delivering a copy to

(Name of witness)

at _____
(Address at which you served witness)

and by handing him/her the fee of \$2.00 for one day's attendance and, if applicable, a
mileage fee of \$_____, as allowed by law.

I certify that the foregoing statements made by me are true. I am aware that if any
of the statements are willfully false, I am subject to punishment.

Date

Signature (of person who delivered the subpoena)

Address for Service

(Address of witness)
