

SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT
P.O. Box 531, Shingle Springs, CA 95682

CIVIL SUBPOENA- FOR PERSONAL APPEARANCE
[FOR COURT USE ONLY]

PETITIONER

v.

RESPONDENT

SUBPOENAED PARTY

CASE NO.: _____

1. YOU ARE ORDERED TO APPEAR AS A WITNESS IN THIS ACTION AT THIS DATE, TIME, AND PLACE SHOWN IN THE BOX BELOW UNLESS YOU MAKE AN AGREEMENT WITH THE PERSON NAMED IN ITEM 2:

Date: _____ Time: _____

Address: _____

2. If you have any questions about the time or date you are to appear, contact the following person before the date on which you are to appear.

- a. Name of subpoenaing party: _____
b. Telephone number: _____
c. E-mail (optional): _____

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THE COURT. YOU MAY ALSO BE LIABLE FOR THE SUM UP TO \$5,000 AND ALL DAMAGES RESULTING FROM YOUR FAILURE TO OBEY.

Date Issued

Signature of Person Issuing Subpoena

Name/Title

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PROOF OF SERVICE OF CIVIL SUBPOENA FOR PERSONAL APPEARANCE

1. I served this Civil Subpoena by personally delivering a copy to the person served as follows:
 - a. Person served: _____
 - b. Address where served: _____

 - c. Date of Service: _____ Time of Service: _____

2. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.

3. My name, address, telephone number, and, if applicable, county of registration and number are (specify):
 - a. Name: _____
 - b. Address: _____

 - c. Telephone number : (_____) _____
 - d. County of registration and number: _____
 - e. The fee for service was: \$ _____ . _____ (*please explain charges*): _____

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

- I am a Tribal Police Officer and I certify that the foregoing is true and correct.
- I am an Officer of the Tribal Court.
- I am a California sheriff or marshal and certify that the foregoing is true and correct

Date: _____

PRINT NAME

SIGNATURE