## IN THE STATE COURT OF DEKALB COUNTY CIVIL WITNESS SUBPOENA

To:				
YOU ARE HEREBY COMMA	ANDED, that layi	ng all other b	ousiness a	aside, you be and
appear at the State Court of Del	Kalb County, in 1	Room	of the De	eKalb County
Courthouse, Judicial Tower on	the day of _	, 20_	, at	a.m./p.m. to be
sworn as a witness for the				_ in the case of
	vs			
Case No:	You are r	equired to att	end from	day to day and
from time to time until the matt	er is disposed of			
HEREIN FAIL NOT, 1	under penalty of l	aw by author	ity of	
Judge of said Court, this the	day of			, 20
	Signed:			
	Print Name:			
	Address:			
	Phone:	( )		
	Attorney for:			