



REQUEST FOR WITNESS SUBPOENA
Municipal Court for the City of Beckley

Please subpoena the witnesses below to appear before the Court on the date shown. Requests for subpoenas for witnesses should be filed at least two weeks prior to trial or hearing.

WITNESSES

(IF MAILING ADDRESS IS RFD, P.O. BOX, ETC., PLEASE INDICATE LOCATION WHERE WITNESSES CAN BE FOUND.)

(PLEASE PRINT)

#1	#2
NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
STREET ADDRESS / LOCATION	STREET ADDRESS / LOCATION
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
COUNTY ()	COUNTY ()
TELEPHONE NUMBER	TELEPHONE NUMBER
#3	#4
NAME (LAST, FIRST, MIDDLE)	NAME (LAST, FIRST, MIDDLE)
STREET ADDRESS / LOCATION	STREET ADDRESS / LOCATION
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
COUNTY ()	COUNTY ()
TELEPHONE NUMBER	TELEPHONE NUMBER

CASE NO.

REQUEST FOR WITNESS SUBPOENA

NAME OF DEFENDANT(S)

Charge(s): _____
(Traffic or Criminal Case)

COURT DATE: ____/____/____

Request on Behalf of:

- Arresting Officer City Attorney
 Defendant Other _____
 Attorney for Defendant

REQUESTED BY

PRINTED NAME

SIGNATURE

Contact Information If Not With City of Beckley

Address: _____

Telephone: _____

COURT USE ONLY

DATE RECEIVED

DATE ISSUED