

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

SUBPOENA

To: _____

Name of Witness

Street Address

City, State, Zip Code

You are required to appear at: _____ located
Location (if at a courthouse, put name of court)
at _____
Street Address City State
on _____ at _____ to testify about the above case.
Date Time

You are further required to bring with you the following:

IF YOU DO NOT APPEAR YOU MAY BE SUBJECT TO LEGAL PENALTIES

Date Signature Justice of the Peace, Clerk of Court, or Judge

Printed name
Issued at the request of _____ Phone number (optional) _____
=====

RETURN OF SERVICE

On _____ at _____ o'clock in the a.m. p.m. I read or
delivered in hand to the above-named person an original subpoena of which this is a true copy.
Signature _____
Printed name _____
Title (if applicable) _____
Agency (if applicable) _____

REQUESTING PARTY IS RESPONSIBLE FOR PAYMENT OF TRAVEL AND ATTENDANCE FEES