

**IN THE MAGISTRATE COURT OF LIBERTY COUNTY
STATE OF GEORGIA**

Applicant

vs.

Case Number: _____

Accused

REQUEST FOR SUBPOENA

I would like to request the issuance of a Witness Subpoena in the above-styled case for the following witness:

WITNESS NAME: _____
(First Name) (Middle Name) (Last Name)

ADDRESS: _____
(Address) (City) (State) (Zip Code)

MAILING ADDRESS (If different): _____

PHONE NUMBER(S): (HM) _____ |(WK) _____ |(CELL) _____

SERVICE PREFERENCE:

- I will be responsible for service
- I request that the Liberty County Sheriff's Office serve the Subpoena at a cost of \$10.00
- I request that the Clerk send the Subpoena by Certified Mail and Return Receipt Requested at a cost of \$6.46
- I request that the Certified Mail also be sent Restricted Delivery at a cost of \$8.25.

This _____ day of _____, 20_____.

Applicant/Accused

Address

Telephone Number(s)

201 South Main Street, Suite 2100
Hinesville, Georgia 31313
(912) 368-2063