

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE
FORM 12.911(d)
SUBPOENA DUCES TECUM FOR HEARING OR TRIAL
(ISSUED BY ATTORNEY)
(03/17)**

When should this form be used?

This form is used to require the appearance of witnesses at a **trial** or a **hearing** and also to notify the other **party**(ies) of those witnesses you have subpoenaed as required by Florida Family Law Rule of Procedure 12.410. It also requires that they bring specified items with them. This form should be typed or printed in black ink. The attorney party issuing the subpoena should sign it.

NOTE: Under Florida Family Law Rule of Procedure 12.407, a minor child may not be brought to court to testify or appear at a hearing or be subpoenaed to appear at a hearing without prior order of the court on good cause shown unless it is an emergency situation.

What should I do next?

The form must be served on the witness(es) in accordance with Florida law and notice must also be given to the other parties in accordance with Florida Family Law Rule of Procedure 12.410 and with Florida Rule of Judicial Administration 2.516.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

In re: _____

_____,
Petitioner,

and

_____,
Respondent.

SUBPOENA DUCES TECUM FOR HEARING OR TRIAL

THE STATE OF FLORIDA:

TO _____,

YOU ARE COMMANDED to appear before the Honorable *{name}* _____,
Judge of the Court, at the _____ County Courthouse in *{city}* _____,
Florida, on *{date}* _____, at *{time}* _____, to testify in this action and to have
with you at that time and place the following: _____
_____. If you fail to appear you may be held in contempt of court.

You are subpoenaed to appear by the Clerk of the Court on behalf of the party indicated below, and unless you are excused from this subpoena by the party indicated below, or court, you must respond to this subpoena as directed.

DATE: _____

{Name of Attorney} _____
FOR THE COURT

Attorney for *{party}* _____
{Address}: _____

{Telephone Number}: _____

{Florida Bar No.}: _____

{E-mail address(es)}: _____

CERTIFICATE OF SERVICE

I certify that a copy of this document was [choose only **one**] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date }_____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this document and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature of Party or his/her Attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact:

{identify applicable court personnel by name, address, and telephone number}
at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

