

District Court _____ County, Colorado Court Address:  <hr/> Plaintiff(s)/Petitioner(s):  v. Defendant(s)/Respondent(s):	  <b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                      Courtroom:
<b>SUBPOENA TO</b> <input type="checkbox"/> <b>APPEAR FOR DEPOSITION</b> <input type="checkbox"/> <b>PRODUCE PURSUANT TO §13-90.5-103, C.R.S.</b>	

To: \_\_\_\_\_

You are ordered to attend and give testimony at a deposition at the following location:

\_\_\_\_\_

on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time) as a witness for the  Plaintiff(s)/Petitioner(s)  
 Defendant(s)/Respondent(s) in an action outside of Colorado.

At that time and place, you also shall produce the following items now in your custody or control:

\_\_\_\_\_

Names, addresses and telephone numbers of all counsel of record in this action and of any party represented by counsel are as follows:

Name	Address	Telephone Number

Dated: \_\_\_\_\_  
\_\_\_\_\_ Clerk/Deputy Clerk

### AFFIDAVIT OF SERVICE

I declare under oath that, I am 18 years or older and not a party to the action and that I served this Subpoena to  Appear for Deposition  Produce to the Witness in \_\_\_\_\_ (County) \_\_\_\_\_ (State) on \_\_\_\_\_ (date) at the following location: \_\_\_\_\_

**Check one:**

- By handing it to a person identified to me as the Witness or by leaving it with the Witness who refused service.
- By leaving it with one of the following:
  - the person's usual place of abode or workplace;
  - with any person who is 18 years or older and who is a member of the person's family;
  - with the person's secretary, administrative assistant, bookkeeper, or managing agent; or
  - by delivering a copy to an agent authorized by appointment or by law to receive service of process.
- I attempted to serve the Witness on \_\_\_\_\_ occasions but have not been able to locate the Witness.
- Private process server
- Sheriff, \_\_\_\_\_ County  
 Fee \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Process Server

\_\_\_\_\_  
 Name (Print or type)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public /Deputy Clerk                      Date