



Commonwealth of Pennsylvania
County of Philadelphia

In the matter of:

COURT OF COMMON PLEAS

(Plaintiff)

(Demandante)

Term, Yr.

vs.

No.

(Defendant)

(Demandado)

Subpoena

To: (Name of Witness) (Nombre del Testigo)

1. YOU ARE ORDERED BY THE COURT TO COME TO (El tribunal le ordena que venga a) AT PHILADELPHIA, PENNSYLVANIA ON (en Filadelfia, Pennsylvania el) AT (a las) O'CLOCK .M., TO TESTIFY ON BEHALF OF (para atestiguar a favor de) IN THE ABOVE CASE, AND TO REMAIN UNTIL EXCUSED (en el caso arriba mencionado y permanecer hasta que le autoricen irse).

2. AND BRING WITH YOU THE FOLLOWING (Y traer con usted lo siguiente):

NOTICE

If you fail to attend or to produce the documents or things required by this subpoena, you may be subject to the sanctions authorized by Rule 234.5 of the Pennsylvania Rules of Civil Procedure, including but not limited to costs, attorney fees and imprisonment.

AVISO

Si usted falla en comparecer o producir los documentos o cosas requeridas por esta cita, usted estara sujeto a las sanciones autorizadas por la regla 234.5 de las reglas de procedimiento civil de Pensilvania, incluyendo pero no limitado a los costos, remuneracion de abogados y encarcelamiento.

INQUIRIES CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO (Las preguntas que tenga acerca de esta Citacion deben ser dirigidas a): ISSUED BY:

(Attorney)

(Abogado/Abogada)

ADDRESS (Direccion)

TELEPHONE NO. (No. de Telefono)

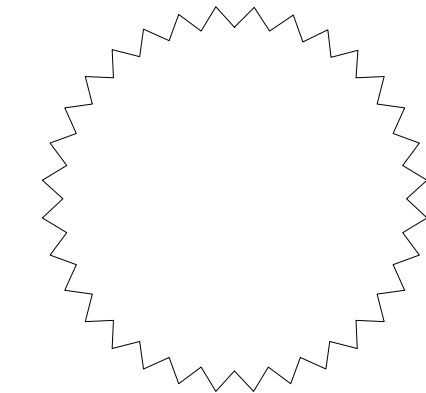
ATTORNEY (Abogado ID#)

BY THE COURT (Por El Tribunal)

JOSEPH H. EVERS

PROTHONOTARY (Protonotario)

PRO (Clerk) (Escribano)





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COURT OF COMMON PLEAS

(Plaintiff)

(Demandante)

_____ Term, Yr. _____

vs.

No. _____

(Defendant)

(Demandado)

Return of Service

On the _____ day of _____, Yr. _____,
I, _____, served with the foregoing subpoena by (de-
scribe method of service):

I verify that the statements in this return of service are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date

Signature

Name of Witness

Name of Person Served