## IN THE COURT OF COMMON PLEAS JUVENILE DIVISION COSHOCTON COUNTY, OHIO

	:	
Plaintiff	: Case No.	
Street Address	<u> </u>	
Sileer Address	: Judge	JASON W. GIVEN
City, State and Zip Code	:	
VS.	: : Magistrate	LISA M. CHRISTENSEN
Defendant	:	
Street Address		
City, State and Zip Code	:	
and		
Defendant	:	
	:	
Street Address	:	
City, State and Zip Code	:	
PRECIPE F	OR SUBPOENA – DUCES	S TECUM
	OR SUBPOENA – DUCE	STECUM
<b>PRECIPE F</b> TO THE CLERK OF COURT:	OR SUBPOENA – DUCE	STECUM
	OR SUBPOENA – DUCE	<b>S TECUM</b> (Plaintiff / Defendant), issue a
TO THE CLERK OF COURT:		
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the t	following named person(s):	
TO THE CLERK OF COURT: On behalf of		
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the t	following named person(s):	
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the t	following named person(s):	
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the r Name:	following named person(s): Address:	(Plaintiff / Defendant), issue a
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the to Name: To appear as a witness in the above-name	following named person(s): Address:	
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the r Name:	following named person(s): Address:	(Plaintiff / Defendant), issue a
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the to Name: To appear as a witness in the above-name	following named person(s): Address:	(Plaintiff / Defendant), issue a
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the to Name: To appear as a witness in the above-name	following named person(s): Address:	(Plaintiff / Defendant), issue a
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the to Name: To appear as a witness in the above-name	following named person(s): Address:	(Plaintiff / Defendant), issue a
TO THE CLERK OF COURT: On behalf of SUBPOENA DUCES TECUM for the to Name: To appear as a witness in the above-name	following named person(s): Address:	(Plaintiff / Defendant), issue a

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)