



SUBPOENA DUCES TECUM

RIGL 8-9-17

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

To:

Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Location of Court:

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

YOU ARE HEREBY COMMANDED to appear in the Probate Court listed above at the date and time specified below to testify in the above-entitled case and bring with you:

DATE

TIME

YOU ARE HEREBY COMMANDED to appear in the Probate Court listed above at the date and time specified below to testify at the taking of the deposition in the above-entitled case.

DATE

TIME

YOU ARE HEREBY COMMANDED to appear in the Probate Court listed above to produce and permit inspection and copying of the following documents or objects at the date and time specified below (list documents or objects):

DATE

TIME

Hereof fail not, as you will answer your default under the penalties of law.

Attorney:

Name of Attorney

Attorney Firm

Bar Number

Street Address

City/Town

State

Zip Code

Email

Phone Number

Signature of Attorney

Date

Pro Se:

Pro Se Name

Street Address

City/Town

State

Zip Code

E-Mail

Phone Number

Signature of Pro Se

Date

Notary:

Name of Notary

State

County

On _____ day of _____, 20____ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public

Date

Commission ID#

Commission Expiration Date

Notary Seal

Issued by:

Probate Judge/ Attorney

Date

Signature of Probate Judge/ Attorney