

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT	SUBPOENA ORDER TO APPEAR AND/OR PRODUCE	CASE NO.
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Court Address: 2221 1 ½ Mile Road, Fulton, MI 49052 Court Telephone No. (269) 704-8404 Court Fax No. (269) 729-4826

PLAINTIFF/PETITIONER (Name, Address, Telephone):

v.

DEFENDANT/RESPONDENT (Name, Address, Telephone):

- | | | | |
|--|---------------------------------------|---|-----------------------------------|
| ☐ Administrative Appeal | ☐ Civil/PPO | ☐ Criminal | ☐ Probate |
| ☐ Elder Protection | ☐ Guardianship | ☐ Child Protection | ☐ Juvenile |

THIS SUBPOENA IS DIRECTED TO:

YOU ARE HEREBY ORDERED TO:

- ☐ 1. Appear personally at the time and place stated below (You may be required to appear from time to time or day to day until excused):

On: _____ (Day) _____ (Date) _____ (Time)
(mm/dd/yyyy)

- ☐ At the Nottawaseppi Huron Band of the Potawatomi Tribal Court at the address above; or
- ☐ At the following address:

 Name of Business/Building, if applicable

 Street Address

 Suite No.

 City, State, Zip

- ☐ 2. Testify at a trial or hearing.
- ☐ 3. Produce/permit inspection or copying the following items: _____

- ☐ 4. Other: _____

5. The person requesting the subpoena is:

 Name

 Street Address

 Suite No.

 City, State, Zip

FAILURE TO OBEY THE COMMANDS OF THIS SUBPOENA OR APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT

 Date (mm/dd/yyyy)

 Judge

 Bar No.

SUBPOENA for CASE NO. _____

PROOF OF PERSONAL SERVICE OF SUBPOENA

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE/AFFIDAVIT OF SERVICE/NON-SERVICE

☐ Officer Certificate I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, police officer or tribal police officer, or attorney for a party and that: (notarization not required)	OR	☐ Affidavit of Process Server Being first duly sworn, I state that I am a legally competent adult (18-years of age or older) who is not a party or an officer of a corporate party, and that: (notarization required)
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☐ I personally served the above subpoena, together with _____ on

Attachment(s)		
Name(s)	Complete Address of Service	Day, Date, Time

☐ I have personally attempted to serve the above subpoena, together with _____

Attachment(s)

on the following person(s) and have been unable to completed service

Name(s)	Complete Address of Where Service Attempted	Day, Date, Time

Date (dd/mm/yyyy)

Signature of Person Serving the Subpoena

Please Print Name & Title of Person Serving the Subpoena

Subscribed and sworn to me on _____ (mm/dd/yyyy) (Date) in _____ County

State of _____. My commission expires: _____ (mm/dd/yyyy) (Date).

Signature: _____

Notary Public for _____ County, State of _____

ACKNOWLEDGEMENT OF SERVICE OF SUBPOENA

I acknowledge that I have received service of the subpoena, together with _____

List of Attachments

and that I did so on _____ at _____ AM or PM. I acknowledge that I
Day & Date Time (Indicate AM or PM)

received the subpoena and attachments on behalf of: ☐ myself or ☐ _____
Please Print Name of Person Subpoena is Directed to if Not Self

Date (mm/dd/yyyy)

Signature of Person Receiving Subpoena

Please Print Name of Person Receiving Subpoena