

Summerville Municipal Court

Subpoena Request Form

To: Summerville Municipal Court

Attn: Clerk of Court

From: _____

Date: _____

Reference: State vs. _____

Please subpoena the following witnesses, at their listed addresses, for the trial scheduled on (date) _____ at (time) _____ at the Summerville Municipal Court.

Witness List:

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Requestors Signature: _____ Date: _____