

COURT OF CLAIMS OF OHIO

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614. 387.9800 or 1.800.824.8263

Request For Issuance Of Subpoena

Plaintiff

V.

Case Number: _____

Defendant

Judge: _____

I request that the clerk issue a subpoena to:

Witness name

Witness street address

Witness city *state* *zip* *County*

directing the witness to appear at the Court of Claims of Ohio, Ohio Judicial Center, 65 South Front Street, Third Floor, Columbus, Ohio 43215, to testify in the above captioned case, on:

_____ 20 __ __ , at _____ am/pm

Complete the following only if the witness is to bring evidence with him/her. List the items separately and with specificity. If necessary, use a continuation page.

Witness is to bring the following listed items with him/her:

Date: _____

Requesting Party / Attorney Signature

Street address

city *county* *state* *zip*

Telephone