V I R G I N I A:

ARLINGTON CIRCUIT COURT

REQUEST FOR WITNESS SUBPOENA / DEPOSITION REQUEST

Plaintiff _____ v Defendant _____
Name Name

Case No. _____ - _____

Check one:

❑ Request for Witness to Testify in Court

❑ Request for Deposition only (other location)

1. The Clerk of the Court will please summon the following witness(es):

Witness Name/Company Address of Witness

_____

_____

❑ to testify at the Arlington Circuit Court, 1425 N. Courthouse Rd., Arlington, VA 22201

on _____ at _____
Date Time

2. The Clerk of the Court will please summon the following witness(es):

Witness Name/Company Address of Witness

_____

_____

❑ to appear for deposition at:

_____
Name/Office/Address

on _____ at _____
Date Time

Request on behalf of ☐Plaintiff ☐Defendant ☐Other

_____

Service by: ☐Sheriff ☐Private Process Server

_____ _____
Print Name (Attorney/Pro Se Name) Signature

Date: _____ Address: _____

_____

Daytime Phone #: _____