

_____, Case No. _____
Plaintiff
vs.
_____,
Defendant.

SUBPOENA
(If issued pursuant to
Neb. Rev. Stat. § 25-1223(7))
() Duces Tecum

Service by: Sheriff Constable
Other (pursuant to Neb. Rev. Stat. § 25-1223(9))

TO: _____ of _____ County, Nebraska.

You are commanded to notify the following person(s):

to appear before this court on _____, at _____ .m., to
testify as a witness(s) in the case listed above, on behalf of:

_____.

Service by: Certified Mail Service – Proof of service requires a Return Receipt showing whom it was delivered to, where it was delivered, and the date it was delivered. Attach the Return Receipt.

You, _____,
are ordered to appear before this court on _____, at
_____ .m., to testify as a witness(es) in the case listed above, on behalf of:

_____.

The witness must bring the following:

As a witness in _____ court, you are entitled to receive a witness fee in the amount of \$ _____ for each day (amount from [Neb. Rev. Stat. § 33-139](#)) that you are required to be in court, and if you live more than one mile from the courthouse or place where the court is held, you are also eligible to receive mileage at the rate that state employees receive. You should have received your witness fee for one day with this subpoena. Ask the lawyer or party who subpoenaed you or the clerk of the court for information about what you should do to receive the additional fees, if any, and mileage to which you are entitled.

Dated: _____

BY THE COURT:

_____(Seal)
(Judge/Magistrate/Officer of the Court*)

*Officer of the Court only: complete the following information:

Name: _____
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Bar Number and Firm Name: _____
Phone: _____
Email Address: _____

RETURN (for sheriff, constable or other)

Received this Writ on _____, at _____m.

I hereby certify that on _____, I served this Subpoena on

by

a true and certified copy thereof with all the endorsements thereon, in the county aforesaid.

Service: \$ _____ Mileage: _____ miles \$ _____

Copy: \$ _____ Other _____ \$ _____

TOTAL \$ _____ Required Witness

(Sheriff or Constable signature):

Fee Served

Date: _____ Signature: _____

(Other signature): Pursuant to [Neb. Rev. Stat. § 25-1228\(2\)](#)

I, _____, swear or affirm the information contained in this Return of Service is accurate.

Date: _____ Signature: _____

State of _____)

) ss.

County of _____)

This document was acknowledged before me by _____, this _____ day of _____, 20 _____.

Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

RETURN OF SERVICE-CERTIFIED MAIL

I certify that on _____, I served a copy of the foregoing upon the following person(s) at the address(es) given, by United States Certified Mail. Proof of return receipt requested, showing to whom and where delivered and the date of delivery, is attached.

Name:

Address:

Dated: _____ Signature: _____