

STATE OF INDIANA)
)SS:
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT #4
101 North Main Street
Goshen, Indiana 46526

Plaintiff(s)

Cause No. _____

vs.

Defendant(s)

SUBPOENA

TO:

You are hereby commanded to appear on _____ at _____ o'clock _____ M. in the Elkhart Superior Court #4, 101 North Main Street, Goshen, Indiana 46526, in Elkhart County, Indiana, for this case.

Bring the following with you to the hearing: (STRIKE OUT IF NOT APPLICABLE)

Dated: _____

CLERK OF ELKHART SUPERIOR COURT #4
or
ATTORNEY AS OFFICER OF THE COURT

Attorney/Party Preparing Subpoena (_____) Party Represented

Street Address

City, State ZIP Code

Telephone Number Supreme Court ID Number

MANNER OF SERVICE

SHERIFF shall serve this Subpoena as follows:

- _____ personal service
- _____ leaving a copy at dwelling o place of employment

OTHER manner of service:

- _____ attorney to serve
- _____ private process server, _____
- _____ other (describe in particular and note Trial Rule)

CLERK shall serve this Subpoena as follows:

- _____ regular mail
- _____ certified mail
- _____ publication

CERTIFICATE OF SERVICE BY REGULAR MAIL

I hereby certify a copy of this document was sent by U.S. Mail as designated above, to the named person, at the address furnished, at Goshen, Indiana.

Date: _____

CLERK OF ELKHART SUPERIOR COURT #4

CERTIFIED MAIL

I hereby certify, as indicated in the date issued field, that a copy of this document was sent to the named person at the address furnished, by registered / certified mail at Goshen, Indiana, return receipt requested.

Date Issued: _____

Clerk of the Elkhart Superior Court #4

I hereby certify that service by registered / certified mail at Goshen, Indiana, was attempted as required by law to the person and address stated on the return receipt attached; and that service [] was [] was not made, according to the information contained therein.

Date Returned: _____

Clerk of the Elkhart Superior Court #4

ADMISSION OF SERVICE

I received a copy of this document on this date _____ and at this location: _____

Signature of Party Relationship (if not the within named person)

RETURN OF SERVICE BY SHERIFF OR OTHER OFFICER

Enter the alphabetical letter in the space provided to indicate the type of service.

I served a copy of this document as specified: (_____)

READING/DELIVERING A COPY (A) to the within named party:

LEAVING A COPY for the within named party

- (B) with the SPOUSE, named:
- (C) with a RELATIVE, named:
- (D) at the RESIDENCE, located at:
- (E) with the EMPLOYER, named:
- (F) with a SECRETARY, named:
- (G) with the ATTORNEY, named:
- (H) with this person (OTHER – specify):

Specify name of person, work supervisor, place of business, or location where copy was left:

and (if applicable) by sending a copy of this document by first-class mail to the last known address of the within named person as indicated:

Last Known Address of Person Named in the document (or Change of Address)

I did not serve a copy of this document because: (_____)

- (i) the party was NOT FOUND / NO SUCH ADDRESS.
- (J) the document EXPIRED.
- (K) the party AVOIDED service.
- (L) the party REFUSED service.
- (M) the party was NO LONGER EMPLOYED at that address.
- (N) the document was RETURNED by the authority of the Plaintiff.
- (O) the party is DECEASED.
- (P) the party was UNKNOWN AT THAT ADDRESS.
- (Q) the party was on SICK LEAVE / LAY OFF.
- (R) the party was on VACATION.
- (S) the party was NOT FOUND / VACANT.
- (T) the party was NOT FOUND / MOVED.
- (U) the party was NOT FOUND IN THIS BAILIWICK.
- (v) INSUFFICIENT ADDRESS OR INFORMATION WAS GIVEN.
- (W) they are NO LONGER IN BUSINESS.
- (X) several attempts were made / UNABLE TO SERVE.
- (Y) or the following reason (OTHER – specify):

I affirm, under the penalty of perjury, that the foregoing representations are true.

Date Served / Attempted Time Served / Attempted

Signature of Sheriff of Elkhart County, Indiana (or other Officer)

(Printed Name of Process Server)

By: _____
(Signature of Process Server)