STATE OF TENNESSEE DAVIDSON COUNTY CHANCERY COURT	**FOREIGN COURT SUBPOENA** For the _____ Court of the State of _____ Foreign Court Case No. _____	CIVIL ACTION Docket No. _____

PLAINTIFF	DEFENDANT

vs.

TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS)

Method of Service:

G Davidson County Sheriff
G Personal Service
G Out of County Sheriff

Pursuant to and under the authority of T.C.A. 24-9-201, et seq. and the Tennessee Rules of Civil Procedure, this Subpoena is issued as notification that you are required to:

G **PRODUCE the records requested in Block 2, in the manner indicated, to the place indicated in Block 1C prior to the date and time specified in Block 1A/1B.**

G **APPEAR at the place indicated in Block 1C on the date, time and in the manner specified in Block 1A/1B to testify and/or provide information concerning the records requested in Block 2.**

Failure to appear may result in contempt of court which could result in punishment by fine and/or imprisonment as provided by law. The failure to file a Motion to Quash or Modify within twenty-one (21) days of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable cost for producing books, papers, documents, electronically stored information, or tangible things.

1A) TIME:	1B) DATE:	2) RECORDS REQUIRED TO BE PRODUCED FOR INSPECTION:
1C) PLACE:		

This subpoena is being issued on behalf of

G PLAINTIFF G DEFENDANT

Attorney: (NAME, ADDRESS & TELEPHONE NUMBER)

ATTORNEY'S SIGNATURE:

DESIGNEE:

DESIGNEE'S SIGNATURE:

G **Additional List Attached**

DATE ISSUED:

MARIA M. SALAS
CLERK AND MASTER

By: _____
DEPUTY CLERK

To request an ADA accommodation, please contact Maria M. Salas at (615) 862-5710.

G **Medical Records Requested – HIPAA notice required**

HIPAA NOTICE

A copy of this subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the ____ day of _____, 20 __, so as to allow him/her seven (7) days to:

(A) Serve the recipient of the subpoena by facsimile with a written objection to the subpoena, with a copy of the notice by facsimile to the party that served the subpoena, and
(B) Simultaneously file and serve a motion for a protective order consistent with the requirement of T.R.C.P. 26.03, 26.07 and Local Rule 22.10.

If no objection is made within (7) days of the above date you shall process this subpoena and produce the documents by the date and time specified in the subpoena. The signature of counsel or party on the subpoena is certification that the above notice was provided to the patient.

Submit: Original, Witness Copy & File Copy

RETURN ON SERVICE

Check one: (*1* or *2* are for the return of an authorized office or attorney – an attorney's return must be sworn to; *3* is for the witness who will acknowledge service and requires the witness' signature.)	
1. G I certify that on the date indicated below, I served a copy of this Subpoena on the witness stated above by:	
2. G I failed to serve a copy of this Subpoena on the witness because:	
3. G I acknowledge being served with this Subpoena on the following date:	
Sworn to and subscribed before me this _____ day of _____, 20 __. _____ Signature of G Notary Public (or) G Deputy Clerk My Commission Expires:	**DATE OF SERVICE:** **SIGNATURE OF WITNESS, OFFICER, ATTORNEY OR ATTORNEY'S DESIGNEE**