

STATE OF TENNESSEE DAVIDSON COUNTY CHANCERY COURT	SUBPOENA* ____ to testify ____ duces tecum ____ to take deposition ____ Medical Records *(See HIPAA requirement below)	DOCKET NUMBER
PLAINTIFF		DEFENDANT
TO: (Name, Address & Telephone Number of Witness) Method of Service: ____ Davidson Co. Sheriff ____ Personal Service ____ Out of County Sheriff		
You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in punishment by fine and/or imprisonment as provided by law.		
TIME TO APPEAR	DATE TO APPEAR	ITEMS TO BRING: ____ Additional List Attached
PLACE TO APPEAR: Chancery Court, Part ____ 1 Public Square Fourth Floor Nashville, Tennessee 37201 (OR)		
This subpoena is being issued on behalf of ____ Plaintiff ____ Defendant Attorney: (Name, Address & Telephone Number)		
ATTORNEY'S SIGNATURE:		
AGENT: AGENT'S SIGNATURE:		DATE ISSUED Maria M. Salas, Clerk and Master By: Deputy Clerk and Master ADA Assistance – please contact Maria Salas, 615-862-5710
☐ Testimony/Production required. <u>TESTIMONY/PRODUCTION NOTICE</u> The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things. ☐ Medical Records Requested – HIPAA notice required. <u>HIPAA NOTICE</u> 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 twenty-one (21) 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 requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10. If no objection is made within twenty-one (21) 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.		

RETURN ON SERVICE

Check one: (1 or 2 are for the return of an authorized officer or attorney; an attorney's return must be sworn to; 3 is for the witness who will acknowledge service and requires the witness's signature.)

1. ____ I certify that on the date indicated below I served a copy of this subpoena on the witness stated above by:

2. ____ I failed to serve a copy of this subpoena on the witness because:

3. ____ I acknowledge being served with this subpoena on the date indicated below:

Sworn to and subscribed before me on this ____ day of _____, 20 ____.

Signature of ____ Notary Public or ____ Deputy Clerk

My Commission Expires:

DATE OF SERVICE:

SIGNATURE OF WITNESS, OFFICER, ATTORNEY OR
ATTORNEY'S AGENT

Submit three: Original, Witness Copy & File Copy