STATE OF TENNESSEE		SUBPOENA*	DOCKET NUMBER	
DAVIDSON COUNTY	to testify	duces tecum		
CHANCERY COURT	to take deposition Medical Records *(See HIPAA requirement below)			
PLAINTIFF		DEFENDANT		
TO: (Name, Address & Telephone Number of Witness) Method of Service:				
		Davidson Co. Sheriff Personal Service		
		Out o	f 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 DAT	E TO APPEAR	ITEMS TO BRING:		
		-		
PLACE TO APPEAR: Chancery Court, Part 1 Public Square				
Fourth Floor Nashville, Tennessee 37201				
(OR)				
		Additional List Attached		
This subpoena is being issued on behalf of Plaintiff Defendant		DATE ISSUED		
Attorney: (Name, Address & Telephone Number)		Maria M. Salas, Clerk and Master		
Autrice, Autress & relephone Number)				
		By:		
ATTORNEY'S SIGNATURE:		_		
AGENT:		Demute	Clark and Master	
AGENT'S SIGNATURE:		Deputy Clerk and Master		
		ADA Assistance – please contact Maria	l Salas, 615-862-5710	
Testimony/Production required.     TESTIMONY/PRODUCTION NOTICE				
TESTIMONY/PRODUCTION NOTICE				
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.				
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 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.				

<b>RETURN ON SERVICE</b>			
Check one: (1 or 2 are for the return of an authorized officients who will acknowledge service and requires the wi	cer or attorney; an attorney's return must be sworn to; 3 is for the tness's signature.)		
1 I certify that on the date indicated below I ser	ved a copy of this subpoena on the witness stated above by:		
<ul> <li>I failed to serve a copy of this subpoena on the serve a copy of the serve a co</li></ul>	ne witness because:		
3 I acknowledge being served with this subpoe	na on the date indicated below:		
Sworn to and subscribed before me on this day of, 20	DATE OF SERVICE:		
Signature of Notary Public or Deputy Clerk	SIGNATURE OF WITNESS, OFFICER, ATTORNEY OR ATTORNEY'S AGENT		
My Commission Expires:			

Submit three:

Original, Witness Copy & File Copy