

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE
FORM 12.911(c)
SUBPOENA DUCES TECUM FOR HEARING OR TRIAL (ISSUED BY CLERK)
(04/22)**

When should this form be used?

This form is used to require the appearance of witnesses at a **trial** or a **hearing** and also to notify the other **party(ies)** of those witnesses you have subpoenaed as required by Florida Family Law Rule of Procedure 12.410. It also requires that they bring specified items with them. This form should be typed or printed in black ink. After you complete the form, you will need to take it to the **clerk of the circuit court's** office to obtain the clerk or deputy clerk's signature. The party issuing the subpoena should also sign it.

NOTE: Under Florida Family Law Rule of Procedure 12.407, unless otherwise provided by law or another rule of procedure, children who are witnesses, potential witnesses, or related to a family law case are prohibited from being subpoenaed to appear at any family law proceeding or from attending any family law proceedings without prior order of the court based on good cause shown. See Forms 12.944(a)–(b).

What should I do next?

The form must be **served** on the other party/parties and witness(es) in accordance with Florida Rule of General Practice and Judicial Administration 2.516. The form must be served on the witness(es) in accordance with Florida law and notice must also be given to the other parties in accordance with Florida Family Law Rule of Procedure 12.410 and with Florida Rule of General Practice and Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms. The words that are in **bold underline** in these instructions are defined there. For further information, see Florida Family Law Rule of Procedure 12.410.

Nonlawyer: Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

In re: _____

Petitioner,

and

Respondent.

**SUBPOENA DUCES TECUM FOR HEARING OR TRIAL
(ISSUED BY CLERK)**

THE STATE OF FLORIDA:

TO _____,

YOU ARE COMMANDED to appear before the Honorable *{name}* _____,
Judge of the Court, at the _____ County Courthouse in *{city}*
_____, Florida, on *{date}* _____ at *{time}* _____ to
testify in this action and to have with you at that time and place the following:

If you fail to appear you may be held in contempt of court.

You are subpoenaed to appear by the Clerk of the Court on behalf of the party indicated below, and unless you are excused from this subpoena by the party indicated below, or court, you must respond to this subpoena as directed.

DATE: _____

DEPUTY CLERK

[Print, type, or stamp the name of the deputy clerk]

{Party}: _____

{Address}: _____

{Telephone Number}: _____

{E-mail address(es)}: _____

CERTIFICATE OF SERVICE

I certify that a copy of this document was [choose only **one**] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this document and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature of Party or his/her Attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of
notary or deputy clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact:

{identify applicable court personnel by name, address, and telephone number}
at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in **all** blanks] This form was prepared for the *{choose only one}* () Petitioner () Respondent
This form was prepared with the assistance of:
{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, *{state}* _____ *{telephone number}* _____.