



BEVERLEY MCGREW WALKER

FORT BEND COUNTY DISTRICT CLERK

301 Jackson Street, Room 101

Richmond, Texas 77469

(281) 341-4509

Fax: (281) 341-4519

SUBPOENA APPLICATION

All sections must be completed for processing this application

Section 1:

Cause No. _____

Date: _____

Style: _____

vs

Section 2:

Application for (Check Type):

Subpoena

Subpoena Duces Tecum

Subpoena Mediation

Subpoena Depo

Subpoena Depo Duces Tecum

To: BEVERLEY MCGREW WALKER, District Clerk

Please subpoena the following to testify on behalf of:

Plaintiff/Petitioner

Defendant/Respondent

on _____ at _____ A.M./P.M.
Date Time

Section 3:

PARTIES TO BE SERVED (Please type or print):

1. Name: _____

Address _____

City: _____ State: _____ Zip: _____

2. Name: _____

Address _____

City: _____ State: _____ Zip: _____

3. Name: _____

Address _____

City: _____ State: _____ Zip: _____

4. Name: _____

Address _____

City: _____ State: _____ Zip: _____

5. Name: _____

Address _____

City: _____ State: _____ Zip: _____

6. Name: _____

Address _____

City: _____ State: _____ Zip: _____

Continued on Reverse

Section 4(ONLY if requesting a Duces Tecum Subpoena)

BRING THE FOLLOWING (Please type or print):

Section 5

Contact Information:

Please Contact _____, upon receipt of subpoena. Telephone Number: _____

Section 6

Check Service Type – Additional Fees Apply:

- Fort Bend County – Constable*
- Certified Mail
- Registered Mail (Out of Country)

*Fort Bend County Constable will only serve within their jurisdiction.

Section 7(ONLY if Section 8 does not apply)

Please Note: Our office will use the e-Service email address registered with the Texas State Bar.

Attorney Name: _____

Address: _____
Street / P.O. Box

City State Zip

Attorney's Telephone No: _____ Attorney's Bar No: _____

Section 8(ONLY if Section 7 does not apply)

Pro-Se Name: _____

Address: _____
Street / P.O. Box

City State Zip

Telephone No: _____ Email Address: _____

Pro-Se Service Only:

- e-Service*
- Mailed to Pro- Se Party*
- Hold for Pick-up

*Service will be mailed/emailed directly to pro-se party requesting issuance

Section 9

Requested By:

Requested By: _____
Signature Print Name

On behalf of _____, Attorney for _____
Print Attorney's Name Print Plaintiff/Petitioner or Defendant/Respondant's Name