

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_ COUNTY CLERK LOG NO. \_\_\_\_\_

<p>_____, Plaintiff/Petitioner,</p> <p>v.</p> <p>_____, Defendant/Respondent.</p>	<p><b>SUBPOENA</b> <b>(pursuant to the Uniform Interstate Deposition and Discovery Act and CPLR §3119)</b></p> <p><b>Originating State:</b> _____</p> <p><b>Originating County:</b> _____</p> <p><b>Originating Court:</b> _____</p> <p><b>Originating Case number:</b> _____</p>
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SUBPOENA/ SUBPOENA DUCES TECUM  
pursuant to the Uniform Interstate Discovery Act  
(Personal Attendance Required/Not Required)

TO: [NAME]  
[ADDRESS]

WE COMMAND YOU to appear at the time, date, and place set forth below to testify at a deposition to be taken in this civil action. and each of you appear and attend before \_\_\_\_\_ at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock, in the \_\_\_\_ noon, and at any recessed or adjourned date to give testimony in this action on the part of \_\_\_\_\_;

and/or that you bring with you, and produce at the time and place aforesaid, the following documents, electronically stored information, or objects, and permit their inspection, copying, testing or sampling of the material:

\_\_\_\_\_  
\_\_\_\_\_;

and/or that you permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date and location set forth below, so that we may inspect, measure, survey,, photograph, test, or sample the property or any designated object or operation on it

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

FAILURE TO COMPLY with this SUBPOENA is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed one hundred fifty dollars and all damages sustained by reason of your failure to comply.

**Additional Information:**  
**[if any is contained in the Out-of-State subpoena]**

**Contact Information of Counsel for all parties**  
**(or contact information for parties pro se)**  
**in the action:**

**Name**  
**Address**  
**Telephone Number**  
**Party(ies) Represented:**  
**(Repeat as required.)**

Dated: \_\_\_\_\_, \_\_\_\_\_(state)

\_\_\_\_\_

FIRM

BY: \_\_\_\_\_  
Attorney/Other  
Address  
Telephone

\_\_\_\_\_  
MAUREEN O' CONNELL  
Nassau County Clerk