

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, Address.</i>): Telephone No.: _____ Bar No.: _____ Facsimile No.: _____ E-Mail address (<i>optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central – 700 Civic Center Dr. West, Santa Ana, CA 92701 <input type="checkbox"/> Harbor-Newport Beach – 4601 Jamboree Rd., Newport Beach, CA 92660 <input type="checkbox"/> Lamoreaux – 341 The City Drive, Orange, CA 92868 <input type="checkbox"/> North – 1275 N. Berkeley Ave., P.O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West – 8141 13th Street, Westminster, CA 92683	
People of the State of California <p style="text-align: center;">vs.</p> Defendant: _____	
AFFIDAVIT FOR SUBPOENA DUCES TECUM (Criminal or Juvenile)	Case Number: _____

1. I, the undersigned, declare I am the defendant attorney other (specify): _____ in the above entitled action.
2. This action has been set for hearing on _____ at _____ in Department _____ in the above-entitled Justice Center.
3. (*Name*): _____ has in his/her possession or under his/her control the following records (*Specify and name the exact records to be produced – attach a separate sheet, if necessary*):

These records are material to the proper presentation of this case, and good cause exists for their production by reason of the following facts:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF AFFIANT)

(This form must be accompanied by a completed Subpoena Duces Tecum)

AFFIDAVIT FOR SUBPOENA DUCES TECUM
(Criminal or Juvenile)