IN T	HE INTERI	EST OF		Case No.
		At th	-	SUBPOENA (Juvenile) (If issued pursuant to Neb. Rev. Stat. § 25-1223(5)) () Duces Tecum of an agency of state government or nitted to proceed in forma pauperis.
Service by:	Sheriff	Constable	Other (oursuant to Neb. Rev. Stat. § 25-1223(9))
TO:		of		COUNTY, NEBRASKA:
to appear before in the above-enti	this court of tled case on	n behalf of		, atm., to testify as witness(es)
Service by: (where delivered,				ervice requires Return receipt showing to whom and ed.
				, are ordered to appear before this court on
on behalf of				, to testify as witness(es) in the above-entitled case
		, at	m., to	, are ordered to appear before this court on testify as witness(es) in the above-entitled case on

and to bring the following:

As a witness in ______ court, you are entitled to receive a witness fee in the amount of \$ ______ for each day (amount from Neb. Rev. Stat. § 33-139) that you are required to be in court, and if you live more than one mile from the courthouse or place where the court is held, you are also entitled to receive mileage at the rate that state employees receive. Ask the lawyer or party who subpoenaed you or the clerk of the court for information about what you should do to receive the fees and mileage to which you are entitled.

Dated:

BY THE COURT:

(Judge/Magistrate/Officer of the Court*)

(Seal)

*Officer of the Court only: complete the following information:

Name	Street Address/P.O. Box Number
Bar Number and Firm Name (attorneys only)	City/State/ZIP Code
Phone	Email Address

RETURN (for sheriff, constable or other)

Received this Writ on	, atm.
I hereby certify that on	, I served this Subpoena on
ру	
a true and certified copy thereof with all the en-	dorsements thereon, in the county
Service: \$ Mileage:t Copy: \$ Other	miles \$ \$
TOTAL §	
(Sheriff or Constable signature): Date: Signature:	
(Other signature): Pursuant to <u>Neb. Rev. Stat.</u> § I,	<u>25-1228(2)</u> , swear or affirm the
information contained in this Return of Service	
Date: Signature:	
State of) County of)	SS.
This document was acknowledged before me by	,
day of,	
Notary co Signature of Judge/Clerk of the Court/Notary Public Title:Serial Number	
RETURN OF SERVICE-C	ERTIFIED MAIL
I certify that on	
upon the following person(s) at the address(es) giv Proof of return receipt requested, showing to who of delivery, is attached.	-
Name: Address:	
ated: Signature:	