

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE
FORM 12.911(b)
SUBPOENA FOR HEARING OR TRIAL (ISSUED BY ATTORNEY)
(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. This form should be typed or printed in black ink. The attorney issuing the subpoena should 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 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.

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

Case No.: _____

Division: _____

In re: _____

Petitioner,

and

Respondent.

SUBPOENA FOR HEARING OR TRIAL

THE STATE OF FLORIDA

TO *{name(s)}* _____

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

You are subpoenaed to appear by the following attorney, and unless excused from this subpoena by the attorney you must respond to the subpoena as directed.

DATE: _____

ATTORNEY for *{party}*
FOR THE COURT

[Print or type the name of the attorney]

{Address}: _____

{Telephone Number}: _____

{Florida Bar No.}: _____

{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.