

IN THE INTEREST OF

Case No. _____

A Juvenile.

SUBPOENA (Juvenile)

**(If issued pursuant to
Neb. Rev. Stat. § 25-1223(6))**

() Duces Tecum

For an employee of the
State of Nebraska or a political
subdivision thereof or a
privately employed security guard

Service by: **Sheriff** **Constable** **Other (pursuant to Neb. Rev. Stat. § 25-1223(9))**

TO: _____ of _____ COUNTY, NEBRASKA:

You are commanded to notify the following person(s):

to appear before this court on _____, at _____ .m., to testify as witness(es)
in the above-entitled case on behalf of _____.

Service by: Certified Mail Service – Return of service requires Return receipt showing to whom and where delivered, and the date of delivery to be attached.

You, _____, are ordered to appear before this court on
_____, at _____ .m., to testify as witness(es) in the above-entitled case
on behalf of _____.

and to bring the following:

As a witness in _____ court, you are entitled to be compensated for your actual and necessary expenses if you are required to travel outside of your county of residence to testify. Ask the lawyer or party who subpoenaed you or the clerk of the court for information about what you should do to receive compensation, if any, 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 _____, at _____m.

I hereby certify that on _____, I served this Subpoena on

by

a true and certified copy thereof with all the endorsements thereon, in the county aforesaid.

Service: \$ _____ Mileage: _____ miles \$ _____

Copy: \$ _____ Other _____ \$ _____

TOTAL \$ _____ Required Witness Fee Served

(Sheriff or Constable signature):

Date: _____ Signature: _____

(Other signature): Pursuant to [Neb. Rev. Stat. § 25-1228\(2\)](#)

I, _____, swear or affirm the information contained in this Return of Service is accurate.

Date: _____ Signature: _____

State of _____)

) ss.

County of _____)

This document was acknowledged before me by _____, this _____ day of _____, 20 _____.

Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

RETURN OF SERVICE-CERTIFIED MAIL

I certify that on _____, I served a copy of the foregoing upon the following person(s) at the address(es) given, by United States Certified Mail. Proof of return receipt requested, showing to whom and where delivered and the date of delivery, is attached.

Name: _____

Address: _____

Dated: _____ Signature: _____