

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
CRIMINAL DIVISION
SUBPOENA**

In Forma Pauperis

UNITED STATES
~~District of Columbia~~

Vs.

Case No. _____

To _____

YOU ARE HEREBY COMMANDED:

To appear before the ~~Criminal Division Room~~/courtroom _____ of the Superior Court of the District of Columbia, 500 Indiana Avenue/~~Judiciary Center, 555 Fourth Street~~, N.W., Washington, D.C. on the _____ day of

_____, 20 _____, at _____ a.m./p.m. as a witness for
the defense

and bring with you _____

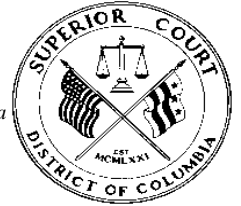
and do not depart from the Court without leave thereof.

WITNESS, the Honorable Chief Judge of the Superior Court of the District of Columbia, and the seal of said Court this
_____ day of _____, 20 _____.

Officer in Charge

District

*Clerk, Superior Court
Of the District of Columbia*



Zari W. [Signature]

Attorney for ~~Government~~/Defendant

Phone No. _____

Authorization as required by D.C. Code s 14-307 and *Brown v. U.S.*, 567 A.2d 426 (D.C. 1989), is hereby given for issuance of subpoena for medical records.

Date

Judge

RETURN ON THIS SUBPOENA IS REQUIRED ON OR BEFORE THIS DATE: _____

I hereby certify that I have personally served, or have executed as shown in "REMARKS," the above subpoena on the individual at the address below.

Name and Title of Individual Served

Address (If different than shown above)

I hereby certify that, after diligent investigation, I am unable to locate the individuals, company, corporation, etc., named in above subpoena for the reason (s) as shown in "REMARKS."

Date(s) of Endeavor

Date and Time of Service

REMARKS

Signature of Title of Server