

**DISTRICT COURT**  
**OF**  
**SEBASTIAN COUNTY, ARKANSAS**  
FORT SMITH DIVISION  
SEBASTIAN COUNTY COURTHOUSE  
901 S. B STREET, SUITE 103  
FORT SMITH, ARKANSAS, 72901

(479) 784-2420

FAX: (479) 784-2438

**REQUEST FOR ISSUANCE OF SUBPOENA**

Court Date: \_\_\_\_\_

Division:        CITY        STATE

Defendant Name: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address/Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Description of Records Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issuance of Subpoena Requested By: \_\_\_\_\_

Date Subpoena requested: \_\_\_\_\_