

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): ATTORNEY FOR (Name):	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
AFFIDAVIT FOR SUBPENA DUCES TECUM		

STATE OF CALIFORNIA, County of Santa Barbara

The undersigned states: That he/she is the attorney of record for Plaintiff Defendant in the above entitled action; that said cause was duly set for trial on _____ 20 ____, at _____ am/pm in Department _____ of the above entitled Court.

That _____

has in his/her possession or under his/her control the following documents (Designate and name the exact things to be produced):

Insert Case Name:

CASE NUMBER:

That the above documents are material to the issues involved in the case by reason of the following facts:

That good cause exists for the production of the above described matters and things by reason of the following facts:

WHEREFORE request is made that Subpena Duces Tecum issue.

Executed on _____ 20____, at _____, California

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Declarant