CAUSE NO. _____

_____ **SMALL CLAIMS/JUSTICE COURT**

Plaintiff

VS **PRECINCT 1 PLACE 1**

_____

Defendant **WICHITA COUNTY TEXAS**

SUBPOENA REQUEST FORM

Date of Hearing:_____ at _____ ___M

Name of Witness	Address/Phone No.	Amt.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Subpoena Requested by Plaintiff_____ or Respondent_____

Attorney or Agent _____