

Subpoena Duces Tecum Request Cover Sheet for Regulatory Hearings

Respondent Last Name Respondent First Name Middle Initial

Case Number

Requestor Last Name Requestor First Name Middle Initial

Requestor Phone Number

Preferred Return Method: Email Mail

Email Address

Mailing Address

City State ZIP Code

Email to: dor_regulatoryhearings@state.co.us

Subpoena Duces Tecum

In the matter of:

Respondent

Date of Birth (DOB)

Case Number

Date of Offense

Custodian of Records

Street Address

City

State ZIP Code

For a hearing to be held by Zoom at a hearing before the Colorado Department of Revenue, Hearings Division:

Zoom Hearing URL:

On Date:

Time:

You Must Take the Following Action:

Produce the requested documents, data, or other objects to both the requestor at the email address or mailing address above, and the Hearings Division at dor_regulatoryhearings@state.co.us **at least seven days prior to the scheduled hearing date listed above.** Requested item(s) are as follows:

Service of the Subpoena Duces Tecum must be at least 14 days prior to the compliance date.

Name and Signature of individual requesting the Subpoena:

Name

Signature

Granted by: (Hearing Officer)

Today's Date (MM/DD/YY)

Affidavit of Service

Respondent

Case Number

The Affiant

being duly sworn, says: That he/she is over the age of eighteen years and is not a party to this action and that Affiant has personally served this within subpoena in the

City of

County of

State of Colorado by handing a copy of same to

(Name of Person)

(Title of Person)

who has been identified as

on (date)

, at

a.m./p.m., and paid the witness fee(s) as follows:

Witness Fee..... \$

(If applicable pursuant to §24-4-105(5) C.R.S.)

Mileage Fee..... \$

(If applicable pursuant to §13-33-103 C.R.S.)

Total..... \$

Subscribed and affirmed, or sworn to before me in the

County of

State of

this

day of

,20

Notary Signature

Commission Expiration Date

Affiant