

Subpoena to Testify Request Cover Sheet

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_info_hearings@state.co.us

Subpoena to Testify

In the matter of the driving privilege of:

Respondent

Date of Birth (DOB)

Case Number

Date of Offense

Officer Name

Badge Number

Officer Agency

You are hereby directed to appear

by Zoom at a hearing before the Colorado Department of Revenue, Hearings Division:

Zoom Meeting ID (Required):

Zoom Hearing URL (Required):

Zoom Dial In Number (Required):

On Date:

Time:

Your failure to check in may result in a dismissal of the case.

You Must Take the Following Action:

By Telephone:

Call the Zoom Dial In Number. Enter your Zoom Meeting ID number, then press the number (pound) key. When prompted to enter your host number or press pound, press the number (pound) key. The system will advise you that you are checked in, and will be unmuted when all participants are ready. Please stay on the line.

By Computer or App:

Go to the Zoom Meeting URL Address. You will be prompted to download and run Zoom. Click on the file and install the the launcher. We recommend completing this step well before your meeting time. Your computer must have a microphone & speaker. If the host hasn't started the meeting, you will see a message stating "Please wait for the host to start this meeting." Once the host joins, the Zoom meeting window will appear where you can join by audio and video. Select Join Audio Conference by Computer.

Name and Signature of individual requesting the Subpoena:

Name

Signature

If this subpoena is for other than the appearance of the officer who signed the Affidavit and Notice of Revocation, complete the required statement attachment.

Granted By: (Hearing Officer)

Date Granted (MM/DD/YY)

If The Party Is Not Personally Served, Please Fill Out This Section in addition to the Affidavit of Service

(Name of Person Served)

I,

(Title of Person)

hereby swear that I am authorized to accept service on behalf of

(Officer Name)

whose name appears under "Officer Name" on this form.

Signature of party accepting service

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