DR 4866 (09/10/25)
COLORADO DEPARTMENT OF REVENUE
Hearings Division
PO Box 17087
Denver CO 80217-0087
Phone (303) 205-5606
dor\_info\_hearings@state.co.us

# Subpoena to Testify 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	
Name of Individual to be Subpoenaed					
Expected Testimony					

Email to: dor\_info\_hearings@state.co.us

### **Subpoena to Testify**

in the matter of:						
Respondent	Case Number					
Type Name of Individual to be Subpoenaed here						
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:					

#### 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.

You Must Take the Following Action:

### 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.

DR 4866 (09/10/25) Page 2 of 4

Name and signature of person requesting the subpoena:	
Requestor name	
Party (if not the same as requestor)	
Requestor phone numner	
Requestor email address	
Signature (Requestor)	Date (MM/DD/YY)
Granted by (Hearing Officer)	Date Granted (MM/DD/YY)

DR 4866 (09/10/25) Page 3 of 4

## **Affidavit of Service**

Respondent		Case Number	
The Affiant			
	s: That he/she is over the ersonally served this with	e age of eighteen years and is no hin subpoena in the	t a party to this action
City of		County of	
State of Colorado by h	anding a copy of same to	0	,
(Name of Person)			
who has been identified	(Title of Person) d as		
on (date)	, at	a.m./p.m., and paid the witr	ness 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 affirme	ed, or sworn to before m	e in the	
County of		State of	
this		day of	, 20
Notary Signature			
Commission Expiration Da	ite		

**Affiant** 

DR 4866 (09/10/25) Page 4 of 4