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@sta	ate.co.us			

Subpoena to Testify in Regulatory Hearings

In the matter of:					
Respondent					
Case Number					
This subpoena is directed to:					
You are hereby directed to appear					
by Zoom at a hearing before the Colorado Departm	ent of Revenue, Hearings Division:				
Zoom Meeting ID (Required):	Zoom Hearing URL (Required):				
Zoom Dial In Number (Required):					
On Date:	Time:				
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 person requesting the subpoena:	
Requestor name:	
Party (if not the same as requestor):	
Danisatan akasa ayunkan	
Requestor phone number:	
Requestor email address:	
Signature: (Requestor)	Date (MM/DD/YY)
Granted By: (Hearing Officer)	Date Granted (MM/DD/YY)

Affidavit of Service

Respondent		Case Number	
The Affiant			
being duly sworn, says: T action and that Affiant has		e of eighteen years and is not a party to tl ubpoena in the	his
City of		County of	
State of Colorado by hand	ing a copy of same to		,
(Name of Person)			
who has been identified as	(Title of Person)		
on (date)	, at	a.m./p.m., and paid the witness fee(s) a	s 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 tl	he	
County of		State of	
this	dayo	of	, 20
Notary Signature			
Commission Expiration Date			

Affiant