



JOHN D. KINARD
DISTRICT CLERK GALVESTON COUNTY

APPLICATION FOR FELONY SUBPOENA

The State of Texas

Vs

Date: _____

Cause No.: _____

Court: _____ District Court

Galveston County

**THIS APPLICATION FOR THE ISSUANCE OF SUBPOENA TO BE ISSUED TO THE PERSON(S) LISTED BELOW.
THE TESTIMONY OF THIS/THESE PERSON(S) IS/ARE BELIEVED TO BE MATERIAL IN THE CASE ON TRIAL ON BEHALF OF:**

DEFENDANT

STATE OF TEXAS

WITNESSES TO BE SUBPOENAED

1. Name: _____

Address where witness may be found: _____

City: _____ State: _____ Zip: _____

Vocation (if known): _____

2. Name: _____

Address where witness may be found: _____

City: _____ State: _____ Zip: _____

Vocation (if known): _____

3. Name: _____

Address where witness may be found: _____

City: _____ State: _____ Zip: _____

Vocation (if known): _____

DATE RETURNABLE OR TO APPEAR:

ON THE _____ DAY OF _____, 20 _____ AT _____ O'clock

Issued at the request of:

Name: _____

Texas Bar No.: _____

Address: _____

Telephone: _____

Email address: _____