

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA <input type="checkbox"/> Santa Barbara-Anacapa, 1100 Anacapa Street, Santa Barbara, CA 93101 <input type="checkbox"/> Santa Barbara-Figueroa, 118 East Figueroa St, Santa Barbara, CA 93101 <input type="checkbox"/> Santa Maria-Cook, 312-C East Cook St, Santa Maria, CA 93454 <input type="checkbox"/> Santa Maria-Miller, 312-M East Cook St, Santa Maria, CA 93454 <input type="checkbox"/> Lompoc Division, 115 Civic Center Plaza, Lompoc, CA 93436	
CASE NAME:	
AFFIDAVIT FOR SUBPOENA DUCES TECUM	CASE NUMBER:

STATE OF CALIFORNIA, County of Santa Barbara

The undersigned states: That he/she is the attorney of record for Plaintiff Defendant in the above entitled action; that said cause was duly set for trial on _____ 20 ____, at _____ am/pm in Department _____ of the above entitled Court.

That _____

has in his/her possession or under his/her control the following documents (Designate and name the exact things to be produced):

Insert Case Name:

CASE NUMBER:

That the above documents are material to the issues involved in the case by reason of the following facts:

That good cause exists for the production of the above described matters and things by reason of the following facts:

WHEREFORE request is made that Subpoena Duces Tecum issue.

Executed on _____ 20____, at _____, California

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Declarant