



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9031 • Olympia, Washington 98507-9031

Petitioner's name _____)
WA driver license # _____)
Arrest date _____)
Case number _____)
Petitioner, _____)
v. _____)
STATE OF WASHINGTON _____)
DEPARTMENT OF LICENSING _____)
Respondent. _____)
_____)

SUBPOENA DUCES TECUM

To: _____

IN THE NAME OF THE STATE OF WASHINGTON, you are hereby required to produce copies of audio/video recordings dated _____ that may have been made of _____ including _____.

Any questions regarding the scope of the desired recordings should be directed to attorney _____ at telephone _____.

This subpoena duces tecum was issued at the request of the petitioner. The petitioner is responsible for the costs of preparing and producing copies of the recordings. **These costs shall be pre-paid.** Provide a copy of the requested recordings to the attorney's address:

(or by other arrangement) by _____.

If these materials do not exist, advise accordingly.

Dated this ____ day of _____, 20____.

Type or Print Name of Hearings Examiner: _____

Signature of Hearings Examiner: _____

Phone: (360) 664-1444, Fax: (360) 570-4950, Email: hearingsubpoenas@dol.wa.gov

Type or Print Name of attorney requesting the subpoena duces tecum: