



**State Court of Bibb County
Office of the Clerk**

Room 500, Bibb County Courthouse, 601 Mulberry Street, Macon, GA 31201

Plaintiff(s)

Case Number

Vs.

Defendant(s)

WITNESS SUBPOENA

TO: _____

ADDRESS: _____

YOU ARE HEREBY COMMANDED, that laying all other business aside, you are to appear at the State Court of Bibb County on the fifth floor, in Courtroom _____, before the Honorable _____ at _____ a.m./p.m. on the _____ day of _____, 20____, and there be sworn as a witness for the _____ Defendant _____ Plaintiff.

Further you are required to attend from day to day and from time to time until this matter is disposed. HEREIN FAIL NOT under penalty of law by the authority of the Honorable Judges of the State Court of Bibb County.

This _____ day of _____, 20_____.

For questions, please contact the requesting attorney below:

Name: _____

Address: _____

Phone: _____

BY: _____

Signature of person authorized by law to sign subpoena pursuant to

O.C.G.A. 24-13-21