IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

REQUEST FOR SUBPOENAS

_____
Plaintiff

VS. Case No. _____

_____
Defendant

Judge Assigned:_____ Date:_____ Time:_____A.M./P.M.

Location: _____

Witness For:_____

NAME/ADDRESS OF WITNESS(ES)

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Pro Se/Attorney Name: _____

Address: _____

_____

Phone: _____

Email: _____