

Mark Snider & Associates Constables  
43 Riverside Avenue, #234 Medford, MA 02155  
Phone:781-665-3206 Fax:781-665-3255 Email :mark\_snider@comcast.net

**SUBPOENA PREPARATION REQUEST**

**YOUR NAME:** \_\_\_\_\_

Case Involvement: \_\_\_\_\_

Name of Law Office or Agency (if any):  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  
\_\_\_\_\_

Who can the WITNESS contact with questions: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**NAME OF PERSON BEING SUBPOENAED:**  
\_\_\_\_\_

Or check here ( ) if for KEEPER OF RECORDS

Company/ Agency (if any):  
\_\_\_\_\_

Full Address:  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Registered Agent (if any) and address:  
\_\_\_\_\_

If a "Registered Agent" is involved have you confirmed they will accept? ( ) yes ( ) no

**ABOUT THE CASE:** Court or Deposition Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Court or if Depo, Office Name:  
\_\_\_\_\_

Address of court or Depo location:

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Case Name (Parties):

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Type of Case: \_\_\_\_\_ Docket #:

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Evidence/ Documents or Items the witness must bring:

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If additional space is needed please attach a separate page OR, attach your own  
"Schedule A"

**SPECIAL INSTRUCTIONS:**

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