|  |  |
| --- | --- |
| **JDF 87** | **Request to Issue Subpoena**(For Cases Outside of Colorado) |
| **1. Court:** [ ]  District [ ]  Probate [ ]  JuvenileColorado County: Mailing Address:  | *This box is for court use only.* |
| **2. Parties to the Case:**Plaintiff/Petitioner: v.Defendant/Respondent: *(or Co-petitioner)* |
| **3. Filed by:**Name: Mailing Address: Phone Email:  | **4. Case Details:**Number: Division: Courtroom:  |

I request that the Court authorize the issuance of the attached subpoenas pursuant to C.R.S. § 13-90.5-103. These subpoenas are necessary as the witnesses and/or items listed are material and relevant to my case.

**5.** I’ve attached a copy of the order, issued by a court outside of Colorado, for the deposition of the witnesses and/or the production of documents.

**6.** The witnesses currently reside or can be found within the state of Colorado:

|  |  |
| --- | --- |
| Name of Witness | Type of Item |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |

**7.** I certify that the requested subpoenas are not for a proceeding that concerns:

1) An individual engaging in a legally protected healthcare activity as defined in C.R.S. § 12-30-121(1)(d); or

2) An entity that provides insurance coverage for gender-affirming healthcare services as defined in C.R.S. § 12-30-121(1)(c), or reproductive healthcare as defined in C.R.S. § 25-6-402(4). C.R.S. § 16-5-104.

**8. Verified Signature**

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

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*