| | IN THE COURT, FOURTH JUDICIAL CIRCUIT, IN AND FOR |
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| | DUVAL COUNTY, FLORIDA |
| Plaintiff(s), | , |
| v. | Case No.: Division: |
| Defendant(s). | |
| SUBPOEN | A FOR DEPOSITION |
| THE STATE OF FLORIDA: | |
| TO: | |
| | ear before a person authorized by law to takein, |
| Florida, on (date), at in this action. If you fail to appear, you ma | (a.m./p.m.), for the taking of your deposition |
| | ne following attorney/party, and unless excused from court, you must respond to this subpoena as directed. |
| DATED on | JODY PHILLIPS Clerk of the Court |
| | By: |
| | As Deputy Clerk |
| Signature of Party/Attorney Print Name: | |
| Address: | |
| Phone No.: | |
| E-Mail Address: | |

Any minor subpoenaed for testimony has the right to be accompanied by a parent or guardian at all times during the taking of testimony notwithstanding the invocation of the rule of

Florida Rules of Civil Procedure Form 1.912(a): Subpoena for Deposition—For Issuance by Clerk

sequestration of section 90.616, Florida Statutes, except on a showing that the presence of a parent or guardian is likely to have a material, negative impact on the credibility or accuracy of the minor's testimony, or that the interests of the parent or guardian are in actual or potential conflict with the interests of the minor.

| If you are a person with a disability who needs any accommodation to respond to this subpoena, you are entitled, at no cost to you, to the provision of certain assistance. Please contact | |
|--|--|
| [attorney or party taking the deposition by name, address, and telephone number] at least 7 days before your scheduled court appearance, or | |
| immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711 | |