

<b>CIRCUIT COURT SULLIVAN COUNTY, TENNESSEE</b>	<b>FOREIGN COURT SUBPOENA</b> For the _____ Court of _____ Foreign Court Case No. _____	<b>ISSUING COURT Blountville, Bristol, Kingsport</b>
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PLAINTIFF	vs	DEFENDANT
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TO: (Name, Address & Telephone Number of Witness)	<u>Method of Service</u>
	( ) Sullivan County S.O.
	( ) Personal Service

Pursuant to and under the authority of T.C.A 24-9-201, et seq. and the Tennessee Rules of Civil Procedures, this Subpoena is issued as notification that you are required to:

**PRODUCE the records** requested, in the manner and place indicated prior to the date and time specified.

**APPEAR** at the place, date, time and in the manner specified to testify and/or provide information concerning the records requested.

Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provide by law. The failure to serve and Objection to this Subpoena within twenty-one (21) days after service waives all objections to the Subpoena, except the right to seek the reasonable cost for producing books, papers, documents, electronically stored information, or tangible things.

TIME	DATE	<u>RECORDS REQUIRED TO BE PRODUCED FOR INSPECTION:</u>
PLACE		

This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <u>Attorney: (Name, Address &amp; Telephone Number)</u>  ATTORNEY'S SIGNATURE _____ DESIGNEE:  DESIGNEE'S SIGNATURE _____	<input type="checkbox"/> Additional List Attached DATE ISSUED:  <div style="text-align:center;">TOMMY R. KERNS CIRCUIT COURT CLERK</div> By: _____, D.C.  To request an ADA accommodation, please contact Tommy Kerns (423) 279-2752
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**Medical Records Requested-HIPAA notice required**

**HIPAA NOTICE**

A copy of this subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the \_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_, so as to allow him/her twenty-one (21) days to:

(A) Serve the recipient of the subpoena by facsimile with a written objection to the subpoena, with a copy of the notice by facsimile to the party that served the subpoena, and

(B) Simultaneously file and serve a motion for a protective order consistent with the requirement of T.R.C.P. 26.03, 26.07 and Local Rule

If no objection is made within twenty-one (21) days of the above date you shall process this subpoena and produce the documents by the date and time specified in the subpoena. The signature of counsel or party on the subpoena is certification that the above notice was provided to the patient.

## RETURN OF SERVICE

**I HEREBY CERTIFY THAT I HAVE SERVED THE WITHIN SUBPOENA:**

By delivering on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ a copy of the subpoena to  
the following Witness \_\_\_\_\_

At \_\_\_\_\_

\_\_\_\_\_  
Signature of person accepting service

By: \_\_\_\_\_  
Sheriff or other authorized person to serve process

## **RETURN OF NON-SERVICE OF SUBPOENA**

**I HEREBY CERTIFY THAT I HAVE NOT SERVED THE WITHIN SUBPOENA:**

To the named Witness \_\_\_\_\_

Because \_\_\_\_\_ is (are) not to be found in this County after diligent search and  
inquiry for the following reason(s): \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_  
Sheriff or other authorized person to serve process