

Colorado Mediators & Arbitrators

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Before COMA Case #

Claimant(s)

V.

Respondent(s)

SUBPOENA WITNESS

To:

You are ordered to attend and give testimony at an arbitration hearing held under the auspices of Colorado Mediators & Arbitrators™ | COMA pursuant to the Colorado Uniform Arbitration Act, §13-22-217, C.R.S. You are to appear at: _____ on _____

Date Time as a witness for the Claimant(s) Respondent(s) in this arbitration.

At that time and place, you also shall produce the following items now in your custody or control:

Arbitrator's Signature Date

Affidavit Of Service

I declare under oath that I am over the age of 18 years and not a party to this case and that I served this Subpoena to Appear on the Witness in _____ (County) _____ (State) on _____ (date) at the following location: _____

Check One:

By handing it to a person identified to me as the Witness or by leaving it with the Witness who refused service.

By leaving it with one of the following:

- The person's usual place of abode or business
- With any person over the age of 18 years who is a member of the person's family
- With the person's secretary, bookkeeper, or chief clerk
- By delivering a copy to an agent authorized by appointment or by law to receive service papers

I attempted to serve the Witness on _____ occasions but have not been able to locate the Witness.

Fee \$ _____ Mileage \$ _____ Private process server Sheriff, _____ County

Name (Print or type) _____

Signature of Process Server _____

Notary Public
My commission expires: _____

Date _____