State of Ohio
COUNTY OF LORAIN } ss.

IN THE LORAIN MUNICIPAL COURT

_____
Plaintiff

No._____

_____
Defendant

PRECIPE, SUBPOENA AND BAILIFF'S RETURN

TO THE CLERK: Issue Subpoena for the persons Named below:

_____

Atty. For _____

NAME & ADDRESS	WHEN AND HOW SERVED	NO. OF MILES

You are required to appear before the Lorain Municipal Court within and for said County of Lorain at the Clerk's office, City Hall, in Lorain, on the ___ day of _____, 20____, at _____ o'clock _____M. and so from day to day until discharged, to testify as witness on behalf of _____. Fail not under penalty of law.

Witness my signature and the seal of said Court at Lorain, Ohio this _____ day of _____, 20____.

_____ Lori A. Maiorana _____ Clerk

By _____ Deputy

BAILIFF'S FEE

Service and Return 50¢ each person

named in the writ _____ $ _____

Milage, _____ miles _____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

Total _____ $ _____

BAILIFF'S RETURN

I received this Subpeona on the _____ day of _____ 20_____, and served the same on the person therein named, against whose names the service is indicated.

_____ Bailiff

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COUNTY OF LORAIN } ss.

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