Policy 1703.80, Exhibit A

Subpoena Cover Sheet

**DATE:**       **TIME**          **# OF PAGES**

**(including cover sheet)**

**TO:**  Office of General Counsel

573-751-0247 (fax)

**FROM:** Name

E-mail Address

Phone:       Fax:

**SUBJECT:** **SUBPOENA FOR** Reported Adult (RA)

**Who requested that the subpoena be issued:**

**What is the relationship between this person and the RA:**

**Date of hearing:**       **How subpoena was received:**

**Does subpoena request Testimony?**  **Records?**

**Do we agree with the need to testify: Yes**  **No**

**Did the Department recommend the filing of the petition? Yes**  **No**

**Did the Department designate the local Public Administrator? Yes**  **No**

**Is the RA deceased? Yes**  **No**  **Is the RA incapacitated? Yes**  **No**

**Name of Guardian Ad Litem:**

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