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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