CONTAINS NONPUBLIC DIGITAL INFORMATION  MAINE JUDICIAL BRANCH			
V.	_ Plaintiff	"X" the court for filing: Superior Court County:	
		Location (Town):	
	Defendant	Docket No.:	
PLEASE NOTE: Enter the party informat party in this request for purposes of obt		t of the out-of-state action. You will be the same ubpoena.	
AFFIDAVIT AND REQUEST FOR ISSUANCE OF A SUBPOENA UNDER THE UNIFORM INTERSTATE DEPOSITIONS AND DISCOVERY ACT 14 M.R.S. §§ 401-408			
		in a jurisdiction outside of the State of Maine. I am niform Interstate Depositions and Discovery Act and	
Court/jurisdiction in which the underlying	g case is pending:		
Parties in underlying case:			
Docket Number of the underlying case:			
•		ord for represented parties (if additional space is mbers on an attachment and note "see attachment"):	
Name, address, and telephone number counsel and address/telephone numbers		ed parties (if additional space is needed, list additional nt and note "see attachment"):	
		with Disabilities Act (ADA) If we would be seen the	

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, <a href="mailto:accessibility@courts.maine.gov">accessibility@courts.maine.gov</a>, or a court clerk. **Language Services:** For language assistance and interpreters, contact a court clerk or <a href="mailto:interpreters@courts.maine.gov">interpreters@courts.maine.gov</a>.

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## CONTAINS NONPUBLIC DIGITAL INFORMATION

## MAINE JUDICIAL BRANCH

I am requesting the issuance of a subpoena for (select all that apply):  deposition; inspection of documents; and/or inspection of premises.
Name of deponent and/or custodian of the documents:
Date ( <i>mm/dd/yyyy</i> ) and time of the deposition/inspection:
Location of deposition/inspection:
I understand that a deposition must be held in the county (for a Superior Court action) or district (for a District Court action) of the court in which the deponent resides.
The attached foreign subpoena seeks documents, information, inspection, or testimony related to the provision or receipt of legally protected health care activity or aiding and assisting legally protected health care activity (select one):
True False
I request that the clerk issue a subpoena under authority of this court for service upon the person to which the

I request that the clerk issue a subpoena under authority of this court for service upon the person to which the enclosed foreign subpoena is directed. As required by statute, I have included the following with this request:

- A completed foreign subpoena (issued under the authority of the foreign jurisdiction); and
- Payment in the amount of \$10 (\$5 for the subpoena and \$5 shipping and handling); and
- The Civil Summary Sheet (CV-001).

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## CONTAINS NONPUBLIC DIGITAL INFORMATION

## **MAINE JUDICIAL BRANCH**

I swear under penalty of perjury that the above statements are made for use as evidence in court and that by up to 5 years in prison and a fine of up to \$5,000 if I give	I am subject to prosecution for perjury punishable		
Date ( <i>mm/dd/yyyy</i> ):			
	Signature		
Printed Name: Maine Bar No. (if applicable):			
Mailing Address:			
STATE OF MAINE			
County			
Personally appeared the above-named,, and made oath that the foregoing statements are true under penalty of perjury.			
Date ( <i>mm/dd/yyyy</i> ):	Attorney at Law Notary Public Clerk		

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