

SUBPOENA

**STATE OF WISCONSIN
DANE COUNTY
THE CITY OF MADISON, TO**

(NAME)

(ADDRESS)

You are hereby required to appear before the Honorable Daniel P. Koval, Madison Municipal Judge, on the _____ day of _____, 20__ at _____ o'clock ____ .m. to give evidence on behalf of the defendant/City of Madison (strike one) in a certain case scheduled for trial that day between the City of Madison versus _____.

If you are unable to personally appear for court you must contact the court at least one week before the trial/hearing date with your request, unless unforeseen medical issues or other valid reasons prohibit you from doing so. In that situation, you must contact the court as soon as possible with the reasons you need the accommodation.

Contact the court before your trial/hearing date if you have tested positive for Covid-19 or are experiencing any symptoms such as fever, chills, cough, sore throat, shortness of breath/chest tightness, loss of taste or smell, nasal congestion, headache, severe fatigue/exhaustion, or muscle pain. In addition, BEFORE you will be allowed into the courtroom you will be asked if you have tested positive for Covid-19 or are experiencing any of those symptoms. A face mask or face covering must be worn at all times in the courtroom except for limited legal reasons approved by the court with proper safety protocols.

FAILURE TO ABIDE BY THIS SUBPOENA MAY RESULT IN PUNISHMENT FOR CONTEMPT WHICH MAY INCLUDE MONETARY PENALTIES, IMPRISONMENT OR OTHER SANCTIONS.

Given under my hand this _____ day of _____, 20_____.

Hon. Daniel P. Koval
Madison Municipal Judge

State of Wisconsin)
Dane County) ss

I swear that I personally delivered a copy of this subpoena on the above named at:

_____ (address)
at _____ o'clock ____ .m. (time) on _____ (date)
_____ (signature)

Madison Municipal Court
210 MLK Jr. Blvd., Rm. 203
Madison, WI 53703

Phone: (608) 264-9282
Email: municipalcourt@cityofmadison.com
Fax: (608) 266-5930

If you would like to schedule an interpreter or require assistance due to a disability,
please call (608) 264-9282 within ten (10) days.