SUBPOENA/SUBPOENA DUCES TECUM

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF DRIVER LICENSE

ADMINISTRATIVE SUSPENSION CASE NO.: <CITATION #>

In Re: <DEFENDANT> Driver License No.: <DL #>

To: OFFICER

 AGENCY ADDRESS

**YOU ARE SUMMONED TO APPEAR BEFORE A HEARING OFFICER AT:**

DATE: <DATE OF HEARING> TIME: <TIME OF HEARING>

LOCATION: <HEARING ADDRESS>

TELEPHONE: <DHSMV PHONE #> or <DHSMV WEBSITE>

and bring with you the following: <ITEMS REQUESTED>

WITNESS my hand and seal of the Department this day of

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

BY: , Hearing Officer

**Only the hearing officer may release you from this subpoena.** Inquiries regarding your obligations under this subpoena may be directed to the supervisor or designee of the Bureau of Administrative Reviews office.

Subpoena requested by: <ATTORNEY>

 <ATTORNEY ADDRESS>

NOTICE: ANY ALTERATIONS OF THIS SUBPOENA WILL RENDER IT NULL AND VOID. HSMV 78066(Rev 10/11)

Pursuant to the provisions of the Americans with disabilities act, any person requiring special accommodations to participate in this proceeding please contact the hearing officer at the address and telephone number above at least seven days before the scheduled hearing.