

STATE OF INDIANA
BEFORE THE INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
COUNTY OF _____

SUBPOENA DUCES TECUM

TO: _____
Name

Address (number and street)

City, state, and ZIP code

YOU ARE HEREBY COMMANDED, pursuant to IC 12-14-22-1, to produce to the office of the Regional Manager or designee of the Indiana Family and Social Services Administration at 100 N. Pennsylvania St, Marion, IN 46952, on or before ten (10) days from the date of receipt of this Subpoena Duces Tecum. Provide copies of all books, records, papers, all other tangible things kept and maintained as part of the records, specifically the items below, pertaining to the following individuals:

NAME	DATE OF BIRTH (<i>month, day, year</i>)	SOCIAL SECURITY NUMBER	CASE NUMBER

Compliance may be made without appearing in person by mailing this information to the _____. You may respond to this request by submitting to its terms, by proposing different terms, by objecting specifically or generally to this request, by serving a written response to the party making the request, or by moving to quash.

This Subpoena Duces Tecum is issued by the Indiana Family and Social Services Administration as part of an investigation for the purpose of enforcing the provisions of IC 12-14 et seq. You are entitled to security against damages or payment of damages resulting from this request.

Dated this _____ day of _____, 20_____.

Signature of Regional Manager or
Designee of the Indiana Family and Social Services Administration

Name of County

Your failure to comply with the command of the Subpoena Duces Tecum herein in accordance with the terms and conditions set forth in such Subpoena Duces Tecum without a showing of good cause will result in the Family and Social Services Administration making application to the Circuit or Superior Court of _____ County to compel obedience pursuant to IC 12-14-22-3.