

# REQUEST FOR SUBPOENA

Lehigh County Orphans' Court Division

1. Name of Requestor: \_\_\_\_\_, Counsel for  
\_\_\_\_\_, Petitioner, Respondent, Objector (circle one).

Phone : \_\_\_\_\_

Email\* : \_\_\_\_\_

\*Required

2. In re: Estate of/Trust of/Adoption of \_\_\_\_\_  
A Minor/ Deceased/ Principal/ An Alleged  
Incapacitated Person/ An Incapacitated Person

3. File Number: \_\_\_\_\_

4. Date of scheduled Hearing: \_\_\_\_\_

5. Date of Entry of Case Management Order Approving Discovery: \_\_\_\_\_

6. Requested Number of Subpoenas to **APPEAR AND TESTIFY IN COURT:**

☐1 ☐2 ☐3 ☐4 ☐ OTHER: \_\_\_\_\_

7. Requested Number of Subpoenas for **PRODUCTION OF DOCUMENTS AND OR  
DISCOVERY:**

☐1 ☐2 ☐3 ☐4 ☐ OTHER: \_\_\_\_\_

8. Payment: \$15.00/subpoena

9. Delivery method:

☐ USPS mailed by Clerk of Orphans' Court.

☐ Pick-up<sup>1</sup> at Orphans' Court Office M-F 8:00 a.m.- 4:30 PM.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

<sup>1</sup> Allow 1-2 business days from receipt of e-mail notification of accepted filing.

**This completed Order Form shall be E-filed with Orphans' Court via  
Odyssey File & Serve using "Request for Subpoena" filing code.**