



**COLORADO**  
Department of Revenue  
Executive Director's Office

DEPARTMENT OF REVENUE  
Executive Director's Office  
HEARINGS DIVISION

1881 Pierce Street  
Entrance B, Room 112  
Lakewood, Colorado 80214-149  
Phone (303) 205-5606

## Subpoena Request Cover Sheet

Name of Respondent: \_\_\_\_\_

Case # \_\_\_\_\_

Is party being subpoenaed a witness to the incident? \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Phone Number of Requestor \_\_\_\_\_

Preferred Return Method:

Fax     Email     Mail

Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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**EMAIL TO: [dor\\_info\\_hearings@state.co.us](mailto:dor_info_hearings@state.co.us)**



**SUBPOENA TO TESTIFY**

In the matter of the driving privilege of:

Respondent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Case Number \_\_\_\_\_ Date of Offense \_\_\_\_\_

Officer Name:	Badge#:	Officer Dept.:
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You are hereby directed to appear  by telephone  in person at a hearing before the Colorado Department of Revenue, Hearings Division at :

On \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

**YOU MUST TAKE THE FOLLOWING ACTION:**

If your appearance is by telephone, you must contact the Hearings Division at **1-855-813-5221** at least ten (10) minutes prior to the scheduled hearing and provide a telephone number where you can be reached for the hearing. A Hearing Officer will contact you at that number. **Your failure to provide a contact number, or failure to be available when called, may result in a default of the case and contempt proceedings against you through the District Court.**

You are also required to produce the following documents:

If you are appearing in person, bring the documents with you to the hearing. If you are appearing by telephone, the documents may be faxed or mailed, but must be received by the Hearings Division at least three (3) days prior to the hearing.

Name and Signature of individual requesting the Subpoena:

***\*\*If this subpoena is for other than the appearance of the officer who signed the Affidavit and Notice of Revocation, complete the required statement attachment.***

By: (Hearing Officer)	Date
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**AFFIDAVIT OF SERVICE**

\_\_\_\_\_ the Affiant, being duly sworn, says: That he/she is over the age of eighteen years and is not a party to this action: and that Affiant has personally served this within subpoena in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of Colorado by handing a copy of same to \_\_\_\_\_ (name of person), who has been identified as \_\_\_\_\_ (title of person) on \_\_\_\_\_ (date), at \_\_\_\_\_ a.m./p.m., and paid the witness fee(s) as follows:

WITNESS FEE \$ \_\_\_\_\_  
 (If applicable pursuant to §24-4-105(5) C.R.S.)  
 MILEAGE FEE \$ \_\_\_\_\_  
 (If applicable pursuant to §13-33-103 C.R.S.)  
 TOTAL \$ \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the County of \_\_\_\_\_, State of Colorado

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_ Affiant