



John S. Foote, District Attorney for Clackamas County

Clackamas County Courthouse, 807 Main Street, Room 7, Oregon City, Oregon 97045
503 655-8431, FAX 503 650-8943, www.co.clackamas.or.us/da/

OUT OF STATE SUBPOENA REQUESTS:

We do not serve subpoenas for other jurisdictions.

We type our own compelling documents based off of your filed and certified Court documents

COMPELLING PROCESS INFORMATION:

(6 - 8 Weeks Lead Time Requested)

Required Documentation:

1. One original and one copy of the following documents:
 - **Request or Petition for Attendance of Out-of-State Witness** (should include the facts of the case, why the witness is needed for Court, the date the trial starts, the date the witness is needed, and for approximately how long the witness will be needed).
 - **Certificate from the Judge** of requesting State (Filed and Certified by the Court).
2. Also, provide the following documents:
 - Complete the **Witness Data Sheet** attached. This important information will assist our Investigators in locating and serving the witness.
 - Include a **witness letter** from your office to ensure smooth communication during the Compelling Process. This contact information should specify who you would like the witness to contact regarding travel arrangements and special instructions.
3. After completing the above documents, please email copies for our review at: daevidence@clackamas.us. When everything is complete and correct, please mail original documents via Fed-Ex to our address below:

Out-of-State witness subpoenas unit

Clackamas County Courthouse
807 Main Street, Room 7,
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**CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE
WITNESS DATA SHEET**

Requesting Jurisdiction Contact Information:

District Attorney/Prosecutor's Name: _____
Phone: _____
Email: _____

Person Witness should Contact for Questions: _____
Phone: _____
Email: _____

Witness Information:

Name: _____	Aliases: _____
Address: _____	Phone: _____
DOB: _____	DL #: _____
Weight: _____	Height: _____
Eye Color: _____	Hair Color: _____
Additional Identifiers: _____	

Witness Compliance:

Expected Date(s) of Witness Needed: _____
Compliance Level (Cooperative or Uncooperative): _____
Gang Related if Applicable: _____
Any Additional Info: _____