



**John D. Wentworth, Clackamas County District Attorney**

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1000 Courthouse Road, Oregon City, Oregon 97045  
P: 503.655.8431 | F: 503.650.8943 | [districtattorney@clackamas.us](mailto:districtattorney@clackamas.us)

**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](mailto: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  
1000 Courthouse Road  
Oregon City, Oregon 97045



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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: \_\_\_\_\_