

STATE OF TENNESSEE DAVIDSON COUNTY Circuit Court	<h2 style="margin: 0;">SUBPOENA</h2>	CIVIL ACTION DOCKET NO. <u>04D-3199</u> <span style="float: right; font-size: 1.2em;">050698</span>
<input checked="" type="checkbox"/> DUCES TECUM <input type="checkbox"/> MEDICAL RECORDS (SEE HIPAA REQUIREMENT BELOW)		

PLAINTIFF <b>JOHN DANIEL TATE</b>	vs.	DEFENDANT <b>EKATERINA J. TATE</b>
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TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS)  <b>FIFTH THIRD BANK</b> 424 Church Street, Suite 600 Nashville, TN 37219	Method of Service: <input type="checkbox"/> Davidson County Sheriff <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff
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You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of court which could result in punishment by fine and/or imprisonment as provided by law.

TIME <b>9:00 am</b>	DATE <b>3/8/11</b>	ITEMS TO BRING:
PLACE  <b>Drescher &amp; Sharp, PC</b> 1720 West End Avenue, Suite 300 Nashville, TN 37203		

This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	<input checked="" type="checkbox"/> Additional List Attached
Attorney: (NAME, ADDRESS & TELEPHONE NUMBER) <b>Sean Martin, 1720 West End Ave, Ste 300,</b> <b>Nashville, TN 37203</b>	DATE ISSUED: <u>2-23-11</u>
ATTORNEY'S SIGNATURE:	<b>RICHARD R. ROOKER</b> Circuit Court Clerk
DESIGNEE:  DESIGNEE'S SIGNATURE:	BY  _____ DEPUTY CLERK

Medical Records Requested-HIPAA notice required

**HIPAA NOTICE**

A copy of this subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, so as to allow him/her seven (7) days to:

(A) Serve the recipient of the subpoena by facsimile with a written objection to the subpoena, with a copy of the notice by facsimile to the party that served the subpoena, and

(B) Simultaneously file and serve a motion for a protective order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10.

If no objection is made within seven (7) days of the above date you shall process this subpoena and produce the documents by the date and time specified in the subpoena. The signature of counsel or party on the subpoena is certification that the above notice was provided to the patient.