

9814 Antioch Road (STH 83)  
PO Box 443  
Salem, WI 53168



VILLAGE OF  
**SALEM LAKES**  
Est. 2017

Phone 262.843.2759  
Fax 262.843.4432  
www.voslwi.org

## Municipal Court Office

### ***SUBPOENA and Certificate of Appearance***

Village of Salem Lakes, Plaintiff  
vs.

Citation Number: \_\_\_\_\_

\_\_\_\_\_, Defendant

Charge: \_\_\_\_\_

Witness Name & Address:


You are required to appear and give evidence in a certain cause then and there to be tried between the Village of Salem Lakes, Plaintiff, and the Defendant named above, on behalf of the Defendant.

Location: Salem Lakes Municipal Court  
9814 Antioch Road (SHT 83)  
Salem, WI, 53168

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

Time: \_\_\_\_\_

You are required to bring with you the following papers and documents: \_\_\_\_\_

***Failure to appear may result in punishment for contempt, which may include monetary penalties up to \$200 plus court costs, imprisonment and other sanctions.***

Issued By:	_____	Date Issued:	_____
<i>Municipal Judge</i>			

State of \_\_\_\_\_ County of \_\_\_\_\_

I swear that I personally delivered a copy of this subpoena on the above named at:

Street Address / City / State / Zip		Time	AM / PM
Date of Service	Signature of Person Performing Service	Signature of Person Accepting Service	