



**JUVENILE SUMMONS
FOR WITNESSES**

Case No. _____
Court [] District [] Family
County _____
Division _____

IN THE INTEREST OF: _____, A CHILD

To the Sheriff or any Officer Authorized to serve this Process:

You are commanded to summon _____,
(Name)
_____ to appear
(Address)
before the _____ District Family Court, on _____, 2 _____, at
(Date)
_____ a.m. p.m. at _____ to testify in
(Location)
the case of _____, a child. Said child is before this court upon a petition stating
that the above-named child committed the following offense(s):

Offense	KRS	UOR Code

_____, 2_____
Date

Circuit Clerk

BY: _____ D.C.

Asst. County Attorney

() _____
Telephone No.

PROOF OF SERVICE

Executed by delivering a copy of this summons and, if applicable, the _____

_____ to _____.

_____, 2_____
Date

Title