



Commonwealth of Massachusetts
Suffolk County District Attorney's Office
Daniel F. Conley

ADMINISTRATIVE SUBPOENA REQUEST FORM

REQUESTING OFFICER INFORMATION:

Name & Rank: _____ Department/District: _____

Office # & Cell # _____

Fax #/Address _____

(requested records will be sent to this fax #/location)

RECORDS REQUESTED:

Please describe records sought: _____

Check type(s) of records requested:

- | | |
|--|---|
| <input type="checkbox"/> Basic subscriber information | <input type="checkbox"/> Billing/payment information |
| <input type="checkbox"/> Incoming/Outgoing phone calls | <input type="checkbox"/> Text message transaction information |
| <input type="checkbox"/> IP address logs | |

Date range for records requested: _____

*(must be filled out)

Company/Service Provider in possession of records sought: _____

Company Contact Information: _____

Please state basis for request, that records are relevant and material to an ongoing investigation:

*Please attach police report, Form 26, or other official document

*Please be advised that under M.G.L. c. 271 § 17B, only the Attorney General or a District Attorney may issue an administrative subpoena.