



**NORFOLK DISTRICT ATTORNEY
ADMINISTRATIVE SUBPOENA REQUEST FORM**



Please fax the completed form, along with police report, to:
ADA Tom Finigan or ADA Craig Kowalski
FAX: 781-830-4808
PHONE: 781-830-4800

DATE:	REQUESTOR:	DEPARTMENT:
OFFICE NO.:	FAX NO.:	CELL NO.:
ADDRESS:		

Please provide as much information as is known:

TELEPHONE NO.:	CELL NO.:
IP ADDRESS:	ISP (if known):
SCREEN NAME:	
SUBSCRIBER NAME:	
SUBSCRIBER ADDRESS:	
COMPANY WHERE RECORDS ARE MAINTAINED:	

The basis for my belief that the records sought are relevant and material to an ongoing criminal investigation is:

I certify that I have not already received this information:

Officer's Signature: _____

FOR USE BY DISTRICT ATTORNEY'S OFFICE:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	ADA:	Date:



The Commonwealth of Massachusetts

Office of the
District Attorney for
the Norfolk District

MICHAEL W. MORRISSEY
District Attorney

45 Shawmut Road
Canton, MA 02021
Telephone: 781-830-4800
Fax: 781-830-4808

_____, 2011

RE: Administrative Subpoena, MGL c. 271, sec. 17B

Dear Sir/Madam:

This office and the _____ Police Department are conducting a criminal investigation and have reasonable grounds for the belief that records in your possession are material and relevant to that ongoing investigation. In compliance with the Administrative Subpoena provisions of G.L. c. 271, s. 17B, demand is herewith made for the following information:

[description of requested information]

Please do not disclose the existence of this request. Any such disclosure may impede the investigation and interfere with the enforcement of the law. Please forward this information to the undersigned Assistant District Attorney.

Very truly yours,
MICHAEL W. MORRISSEY
DISTRICT ATTORNEY

By: _____ [signed]

Assistant District Attorney