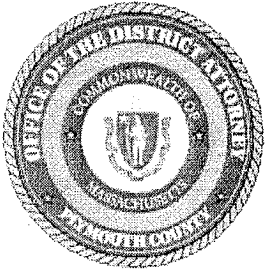


COMMONWEALTH OF MASSACHUSETTS – PLYMOUTH DISTRICT
OFFICE OF THE DISTRICT ATTORNEY



TIMOTHY J. CRUZ
DISTRICT ATTORNEY

MAIN OFFICE:
32 Belmont Street
P.O. BOX 1665
Brockton, MA 02303-1665
Tel: (508) 584-8120
Fax: (508) 586-3578

ADMINISTRATIVE SUBPOENA REQUEST FORM

Date of Request:	
Name of Investigator:	Agency:
Office #:	Cell #:
Fax:	E-Mail Address:
Case No.:	Type of Investigation:
Company/Service Provider in Custody of Records:	
Date Range for records requested:	
Records Requested (check all that apply): 1) <input type="checkbox"/> Listing and Subscriber Information 2) <input type="checkbox"/> Billing Information 3) <input type="checkbox"/> Call Detail Records 4) <input type="checkbox"/> Internet Protocol Logs 5) <input type="checkbox"/> Other	
Account(s) that is to be the subject of the demand (Please provide any known information about the account(s) or subscriber(s), e.g. name, e-mail address, screen name, phone number, IP address, user identification, service address):	
Facts and circumstances supporting a belief that the records sought are relevant and material to an ongoing criminal investigation:	
Signature of Requesting Investigator:	
Approved by District Attorney's Office:	

ADMINISTRATIVE SUBPOENA

Dear Sir/Madam:

Pursuant to an official investigation being conducted by the Plymouth County District Attorney's Office, and relative to Chapter 27I, Section 17B, it is requested that your company furnish

You are not to disclose the existence of this request, as any such disclosure could impede the investigation being conducted and thereby interfere with the enforcement of the law. Records can be faxed to (508) 586-3578.

Sincerely,

Assistant District Attorney