

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

Case No: _____

Plaintiff
v.

**PETITION TO REGISTER
FOREIGN DEPOSITION
INSTRUMENT AND/OR
ISSUE SUBPOENAS**

Defendant

I, (name) _____, am a ☐ party ☐ attorney of record in the
underlying foreign case. I ask the court to:

Deposition

☐ Approve the attached foreign deposition instrument for filing so witness can be subpoenaed
to appear and testify in the same manner and by the same process applicable in Oregon

The attached mandate, writ, commission, or letter rogatory requiring testimony of a witness
within the state of Oregon was issued:

by: (name of court) _____

in the state or country of: _____

on (date): _____

in case number: _____

The authority of the document is in full effect

Subpoena

☐ Issue the attached subpoena. The attached completed subpoena was issued by a court of
record of a state as defined in Oregon Rules of Civil Procedure (ORCP) rule 38 C(1)(b) and
contains the name, address, email address, and phone number of each attorney of record and
self-represented party in the foreign case

The following are attached to this *Motion*:

☐ foreign subpoena

☐ original and 2 copies of a completed subpoena that complies with the ORCPs
and

If the written foreign subpoena relates to gender-affirming treatment or reproductive
health care services, the following are also attached to this *Motion* as required by ORS
24.500:

- ☐ A written declaration that the foreign subpoena relates to gender-affirming treatment or reproductive health care services and is:
- ☐ part of an action brought by a patient or the patient’s authorized legal representative for damages suffered by the patient
 - or*
 - ☐ part of an action brought or to be enforced by a party with a contractual relationship with the subject of the subpoena

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

_____	_____	
Date	Signature	
_____	_____	
OSB#	Name (printed)	

Address	City, State, ZIP	Phone