

Therapist Notes Subpoena Response Form

Recipient Information

Recipient Name

Organization

Address

Email

Phone

Client Information

Client Name

Date of Birth

Therapist Information

Therapist Name

License Number

Practice Name

Subpoena Details

Date Received

Court/Case Number

Request Details

Response

Information Disclosed

Information Withheld (if any) and Reason

Remarks

Therapist Signature

Date