

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

STATE OF MISSISSIPPI

V.

CAUSE NO. 25CI1:16-cr-00110-WLK

BENJAMIN W. ALLEN, III

DEFENDANT

SUBPOENA DUCES TECUM

STATE OF MISSISSIPPI
COUNTY OF HINDS

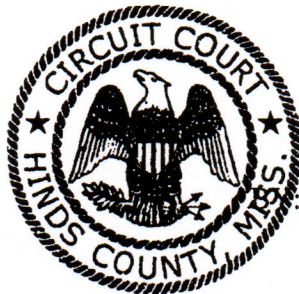
TO ANY LAWFUL OFFICER OR OTHER PERSONS AUTHORIZED TO SERVE
SUBPOENAS IN HINDS COUNTY, MISSISSIPPI:

We command you to serve **Dr. Daniel Quon, 5800 Ridgewood Road, #102, Jackson, Mississippi, 39211**, to be and personally appear before the Honorable Winston Kidd, in the Circuit Court of Hinds County, in the City of Jackson, Mississippi, on the **30th day of January, 2017 at 8:30 a.m.**, and then and there produce the below listed documents:

Business Records reflecting whether Linda Brune was a former or current patient of yours (we are not seeking diagnostic records); Business records reflecting the reason(s) your office received the following checks drawn on Downtown Jackson Partners' Trustmark Bank account, account ending in #9473, for the following dates: March 12, 2009, check number 10212 in the amount of \$1,085.00; and March 12, 2009, check number 10213 in the amount of \$1,552.00. A copy of the checks and endorsements are attached to this subpoena collectively as Exhibit "1" for your convenience.

Herein you shall not fail under penalty in such case provided and have there and then this writ.

WITNESS MY SIGNATURE AND SEAL OF OFFICE, THIS the 25th day of January, 2017.



ZACK WALLACE, CLERK
HINDS COUNTY CIRCUIT COURT

 _____, D.C.

(Seal)

DATE=03/13/2009 SEQUENCE=0200611674

Account=00001001659473 P/C=000019 Amount=\$1085.00

DOWNTOWN JACKSON PARTNERS 08-23 125 SOUTH CONGRESS STREET, SUITE 101 JACKSON, MS 39201		TRUSTMARK NATIONAL BANK JACKSON, MS 85-27/853	10212
DANIEL QUON: DMD		3-12-09	
PAY TO THE ORDER OF		\$ 1,085.00	
ONE THOUSAND AND EIGHTY FIVE		DOLLARS	
VOID AFTER 90 DAYS		Ben Allen	
L.F.M.O.			
⑈010212⑈ ⑆065300279⑆ ⑆1001659473⑈		⑈0000108500⑈	

03132009
065300279
0200611674

REGIONS BANK 03/13/09
E6017 SS 5002801728-0
⑆0620000019⑆
40000307940

MAR 13 09

4082 70681

DO NOT WRITE STAMP OR SIGN IN THE SPACE

ENDORSE HERE
X
DR. DANIEL QUON DMD
FOR DEPOSIT ONLY
3/13/09
FILED 03/13/09
CIR 1612
03/12/2009 10:15:34pm
Approved 1123

EXHIBIT
1

DATE=03/17/2009 SEQUENCE=0101281346

Account=00001001659473 P/C=000019 Amount=\$1552.00

DOWNTOWN JACKSON PARTNERS 06-93 125 SOUTH CONGRESS STREET, SUITE 101 JACKSON, MS 39201		TRUSTMARK NATIONAL BANK JACKSON, MS 85-27/053	10213
		3-12-09	
PAY TO THE ORDER OF			\$1552.00
ONE THOUSAND FIVE hundred AND FIFTY TWO		DOLLARS	
		VOID AFTER 90 DAYS	
		<i>Ben Allen</i>	
⑈010213⑈ ⑈065300279⑈ ⑈1001659473⑈		⑈0000155200⑈	

03172009
065300279
0101281346

REGIONS BANK 03/17/09
66111 SS 105528591-1
⑈062000019⑈
4100016333

MAR 17 07

4063 07200

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
X
ENDORSE HERE
PAY TO THE ORDER OF
REGIONS BANK
JACKSON, MS
FOR DEPOSIT ONLY
ACCT. #105528591

(NAME OF PERSON OR ENTITY SERVED)

I, the undersigned process server, served the Subpoena Duces Tecum upon the person or entity named above in the manner set forth below (process server must check proper space and provide all additional information that is requested and pertinent to the mode of service used):

FIRST CLASS MAIL AND ACKNOWLEDGMENT SERVICE. By mailing (by First class, postage prepaid), on the date started in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgment and return envelope, postage prepaid, addressed to the sender. (*Attach completed acknowledgment of receipt pursuant to M.R.C.P. Form 1B*)

PERSONAL SERVICE. I personally delivered copies of the Subpoena Duces Tecum to Dr. Daniel Quon on the 25th day of January, 20 17, where I found said person(s) in Hinds County, State of Mississippi.

RESIDENCE SERVICE. After exercising reasonable diligence I was unable to deliver copies of the _____ to _____ within _____ County, Mississippi. I served the _____ on the _____ day of _____, 20____, at the usual place of abode of said person by leaving a true copy of the _____ with _____, who is a member of the family of the person served above the age of sixteen years and mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

CERTIFIED MAIL SERVICE. By mailing to an address outside Mississippi (by first class mail, postage prepaid, requiring a return receipt) copies to the person served. (*Attach signed return receipt or the return envelope marked "Refused"*)

UNABLE TO SERVE. After _____ attempts of due and diligent search, I was unable to serve the

At the time of service, I was at least eighteen (18) years of age and not a party to this action.

Fee for service: \$ 0

Process Server must list below (Please print or type):

Name: Jennifer Scoggins
Address: 500 North State Street, Jackson, MS 39201
Telephone No: 601. 948. 1600

STATE OF MISSISSIPPI
COUNTY OF HINDS

Personally appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Jennifer Scoggins, who being first duly sworn stated upon oath that the matters and facts set forth in the foregoing "Proof of Service" are true and correct as therein stated.

PROCESS SERVER (Signature)

SWORN TO AND SUBSCRIBED BEFORE ME, THIS the 15th day of January, 2017

My Commission Expires: 11/29/19

