

**Form GJ-53, SUMMONS TO A MEDICAL DOCTOR**

**THE GRAND JURY**  
Of the \_\_\_\_\_ Grand Jury District of  
The City of \_\_\_\_\_

Grand Jury Term from \_\_\_\_\_ to \_\_\_\_\_

(Note: Legible hand-printed information is sufficient to accomplish this form. No need to type)

**Very Highly Confidential**

**Form GJ-53, SUMMONS TO A MEDICAL DOCTOR**

Dr. \_\_\_\_\_

Street or Building Address \_\_\_\_\_

City Address \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

You are hereby directed to appear in person before this Grand Jury for consultation of an important matter. The Case Reference Number of the matter is GJ# \_\_\_\_\_. Please contact the clerk of court at (physical address) \_\_\_\_\_

\_\_\_\_\_,  
telephone No. \_\_\_\_\_ to set up your appointment with this Grand Jury. The Clerk of Court shall thereupon inform this Grand Jury of your appointment date and time. On the day and time for your appointment, please report to the same clerk of court and sign up in his Log Book. He/She will escort you in entering our Grand Jury Room. Please bring with you your proper Identification information, this summons and the attached Bill/Invoice Form.

You are directed to keep this matter strictly confidential in accordance with the Grand Jury System Rules, a violation of which shall subject you for indictment by this Grand Jury for Obstruction of Justice.

Very truly yours,

THE GRAND JURY, Signed with the SIDN# \_\_\_\_\_ Date Issued - \_\_\_\_\_  
of its Foreman by authority of Section 5,  
Rule 1, of the Rules of the Jury System.

\_\_\_\_\_  
The Clerk of Court:

Please serve the above summons to the subject person or medical doctor in this summons and promptly inform this Grand Jury of his/her arrival date and time.

The Grand Jury Secretary: SIDN# \_\_\_\_\_ Date \_\_\_\_\_

**THE GRAND JURY**  
Of the \_\_\_\_\_ Grand Jury District of  
The City of \_\_\_\_\_

Grand Jury Term from \_\_\_\_\_ to \_\_\_\_\_

**VERY HIGHLY CONFIDENTIAL**

GRAND JURY CASE No. \_\_\_\_\_

**BILL/INVOICE FOR GRAND JURY CONSULTATION**

The City Treasurer of \_\_\_\_\_

Street Address \_\_\_\_\_

City Address \_\_\_\_\_

Dear Mr./Ms. Treasurer:

Please pay this Bill/Invoice to the Bearer who is identified and authenticated as SIDN# \_\_\_\_\_ in our records by the Foreman of this Grand Jury for professional medical consultation in connection with the above indicated Grand Jury Case Number.

He/She has devoted approximately \_\_\_\_\_ hours of his/her time in our conference room relating to certain technicalities in connection with the above case between the hours from \_\_\_\_\_ M. and \_\_\_\_\_ M. on (date) \_\_\_\_\_ (day) \_\_\_\_\_.

This Grand Jury recommends payment to the Bearer the amount of P\_\_\_\_\_ pesos in Philippine Currency as a reasonable compensation for his/her service.

Under Grand Jury Rules of Secrecy, no further detailed information can be disclosed in this document.

Consultant's SIDN# \_\_\_\_\_

Authenticated by:

THE GRAND JURY, Signed with the SIDN# \_\_\_\_\_ Date Issued - \_\_\_\_\_  
of its Foreman by authority of Section 5,  
Rule 1, of the Rules of the Jury System.

**IMPORTANT**

1. **The SIDN# of the bearer must be obtained from the GJ's Registry Form GJ-31. No SIDN# shall be issued unless properly recorded by the GJ Secretary.**
2. **The amount to be paid to the consultant must be agreed upon between the Bearer and the GJ Foreman and written in the Bill/Invoice before Bearer leaves the Grand Jury Room.**
3. **Do not submit a copy of the Summons to the Bill/Invoice when presenting for payment.**