



APPLICATION FOR SUBPOENA

Identify the person(s) and/or evidence you would like subpoenaed. Explain why each is needed.

Use the back, additional paper, or an additional form, if needed.

CLAIMANT NAME: _____ LAST 4 OF SS#: _____

EMPLOYER NAME: _____ ACCT #: _____

REQUEST BY: Claimant Employer HAVE YOU BEEN NOTIFIED OF A HEARING DATE? No Yes

IF YES, HEARING DATE/TIME: _____ CHAIRMAN: _____

REQUESTING:	<input type="checkbox"/> WITNESS (GIVE NAME/TITLE): _____	
or	<input type="checkbox"/> EVIDENCE (DESCRIBE): _____	
	NAME OF PERSON WITH EVIDENCE: _____	
ADDRESS:	_____	
EXPLAIN WHY THIS IS NECESSARY, RELEVANT, AND NON-REPETITIVE?		
Office:	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	BY: _____ DATE: _____ REQ. #: _____
REASONING:		

SUBPOENAS ARE ONLY ISSUED FOR NECESSARY, RELEVANT AND NON-REPETITIVE TESTIMONY OR EVIDENCE UNABLE TO BE OBTAINED VOLUNTARILY. THE APPLICATION WILL BE REVIEWED AND THE REQUEST(S) APPROVED OR DENIED. EMP 202.01(i).

NAME (and TITLE if for an Employer)

SIGNATURE

DATE