

APPEAL TRIBUNAL

45 South Fruit Street PO Box 2009 Concord, NH 03302-2009



## **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: 🗌 WITNESS (GIVE NAME	/TITLE):
or EVIDENCE (DESCRIBE	:
NAME OF PERSON WITH F	VIDENCE:
Address:	
EXPLAIN WHY THIS IS NECESSARY, RELEVANT, AND NON-REPETITIVE?	
	DATE: REQ. #:
REASONING:	

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

NAME (and TITLE if for an Employer)

SIGNATURE

DATE

NHES is a proud member of America's Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary Aids and Services are available on request of individuals with disabilities.