New Hampshire Employment Security
www.nhes.nh.gov
"We're working to keep New Hampshire working"

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: _____

FULL NAME OF PERSON REQUESTED: _____

ADDRESS: _____

WHY NEEDED?

Office: APPROVED? ☐ Yes ☐ No BY: _____ DATE: _____ REASONING/ADD'L INFO:

EVIDENCE REQUESTED: _____

NAME OF WHO HAS IT: _____

ADDRESS: _____

WHY NEEDED?

Office: APPROVED? ☐ Yes ☐ No BY: _____ DATE: _____ REASONING/ADD'L INFO:

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.

NAME AND TITLE _____ SIGNATURE _____ DATE _____

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Telephone (603) 223-6140 Fax (603) 223-6141 TDD/TTY Access: Relay 1-800-735-2964 Web site: www.nhes.nh.gov