Workers’ Compensation Board

State of Oregon

|  |  |  |  |
| --- | --- | --- | --- |
| In the Matter of the Request for Hearing of | ) | WCB Case No. |       |
|  | ) |  |  |
|       | ) | **SUBPOENA***To Compel Attendance and**Testimony at Hearing* |
|  | ) |
|  | ) |

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| To: |       |  |
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|  |  |

**YOU ARE DIRECTED** to appear before the Workers’ Compensation Board of the State of Oregon to testify in the above case.

|  |  |  |
| --- | --- | --- |
| Place of Appearance: | Time of Appearance: |       |
|  |       |  |  |  |
|  |  | Date of Appearance: |       |
|  |  |  |  |

|  |
| --- |
| *[Complete this section only if applicable]* |
|  |  |
| **YOU ARE DIRECTED** to produce and permit inspection of the following documents or objects at the place, time and date listed above: |
|  |       |  |
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|  |  |  |
| Date |  | Issuer |

|  |  |
| --- | --- |
|  | **PROOF OF SERVICE** |
|  |  |  |  |
|  |       |  |       |
|  | Person Served (print name) |  | Date of Service |
|  |       |  |       |
|  | Place of Service |  | Manner of Service (in person or certified mail) |
|  |       |  |       |
|  | Server |  | Title of Server (print) |
|  |  |  |  |
|  | Signature of Server |  |  |