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* | |
|  | ) |
|  | ) |

|  |  |  |
| --- | --- | --- |
| To: |  |  |
|  |  |
|  |  |

**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 |  |  |