Workers’ Compensation Board

State of Oregon

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| In the Matter of the Request for Hearing of | ) | WCB Case No. |  |
|  | ) |  |  |
|  | ) | **SUBPOENA**  *To Compel the Production of Documents*  *or Objects other than Individually*  *Identifiable Health Information* | |
|  | ) |
|  | ) |
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| To: |  |  |
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**YOU ARE DIRECTED** to appear and produce and permit inspection of the following documents or objects at the place, time and date listed below:

|  |
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| To be produced: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place of Production: | | | Time of Production: |  |
|  |  |  |  |  |
|  |  | Date of Production: |  |
|  |  |  |  |

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| **IN LIEU OF APPEARANCE**, you may comply with this subpoena by delivering or mailing copies of the above documents or objects to the party issuing this subpoena at the following address. | | |
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| Date |  | Issuer |

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|  | **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 |  |  |