

STATE OF OKLAHOMA

COUNTY OF _____

OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 N. STILES AVENUE
OKLAHOMA CITY, OK 73105

COMMISSION FILE NO.: _____

In Re Claim of:

SUBPOENA

Claimant (Employee)

)
)
)

____ To appear in person ____ To produce document or object

Respondent (Employer)

)
)

Party requesting subpoena:

____ Claimant ____ Respondent/Carrier

Insurance Carrier, Own Risk Group or Individual Self-Insured

)
)
)

[NOTE TO PARTIES NOT REPRESENTED BY COUNSEL:

Subpoenas may be produced at your request, but must be signed and issued by the Workers' Compensation Commission]

TO:

Name of Person Being Served

Street Address/Post Office Box

Alternate Address

City/State/Zip/Telephone

City/State/Zip/Telephone

YOU ARE COMMANDED TO: (CHECK ALL THAT APPLY)

- ____ Appear and testify in the above captioned contested case at the place, date and time indicated below.
- ____ Appear and testify, in the above captioned contested case, at a deposition at the place, date and time indicated below.
- ____ Produce, permit inspection and copying of the following items at the place, date and time indicated below.

Name and Location of Hearing:

Name of Person Requesting Subpoena:

Date and Time to Appear/Produce

Name Title

Date

Street/Post Office Box

City/State/Zip

Signature of Person Issuing Subpoena

____ Commission Clerk (if requesting party has no attorney)
____ Administrative Law Judge ____ Attorney

Telephone Number

DELIVER "RETURN OF SERVICE" TO PERSON NAMED ABOVE

Name of Person Issuing Subpoena (Please print.)

RETURN OF SERVICE

I certify under penalty of perjury that this subpoena was received and served as follows:

Date Received By Authorized Server: _____

____ By delivering a copy of this subpoena to the person named above.

____ By registered or certified mail, return receipt requested, on the party named above.

____ This subpoena WAS NOT served for the following reasons: _____

[NOTE TO PERSON REQUESTING SUBPOENA: A copy of this subpoena must be delivered or mailed to each party in the case or to their attorney, if any.]

Date Served: _____

Signature and Title of Authorized Server: _____

Name of Authorized Server (Please print.): _____