



Workers' Compensation Board  
State of Oregon

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*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU ARE DIRECTED** to appear and produce and permit inspection of the following documents or objects at the place, time and date listed below:

To be produced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Production: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of Production: \_\_\_\_\_

Date of Production: \_\_\_\_\_

**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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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

NOTE: ORS 656.732, 654.130 and 183.445 provide, in applicable cases, that the Circuit Court of any county shall compel obedience to subpoenas issued and served and to punish disobedience or any refusal to testify or answer any lawful inquiry.