



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:

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.