



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.