
FIELD OFFICE STREET ADDRESS

FIELD OFFICE CITY, STATE, ZIP

SUBPOENA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY

Employee Social Security Number:
XXX-XX- ____ - ____ - ____

TO: BUREAU CLAIM NUMBER
NAME DATE OF INJURY
ADDRESS CLAIMANT NAME
ADDRESS VS
ADDRESS DEFENDANT NAME
ADDRESS
ADDRESS

(1) YOU ARE HEREBY ORDERED, pursuant to the provisions of the Workers' Compensation Act, to come to a hearing OR deposition at (specify full address):

on (date) in the County of to testify in the above case, and to remain until excused.

(2) Bring to the hearing deposition the following documents regarding the above-captioned claimant:

(3) THIS IS A RECORDS CUSTODIAN DEPOSITION PURSUANT TO 34 PA. CODE SECTION 131.68. You may comply with this subpoena by mailing or delivering legible copies of the documents requested by this subpoena to the party making the request, at the following address:

The records must be received by the requesting party on or before . The records must be accompanied by the executed Deposition Affidavit of Records Custodian attached to this subpoena.

(4) This you are to obey, without excuse, under penalty of contempt of court for noncompliance.

WITNESS MY HAND AND SEAL OF THE
DEPARTMENT OF LABOR & INDUSTRY

SEAL

DATE:

WORKERS' COMPENSATION JUDGE'S NAME

**DO NOT MAIL THE REQUESTED RECORDS TO THE BUREAU OF WORKERS' COMPENSATION
OR TO THE WORKERS' COMPENSATION JUDGE'S OFFICE**

Inquiries concerning this subpoena should be addressed to:

Attorney Name or Law Firm:

Attorney Address:

Attorney Telephone Number: