

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

Claimant/Applicant	
Vs	
Employer/Insurance Carrier/Defendant	

Case No.

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above case number or attaching a copy of a subpoena)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without case number, but subpoena must be served on claimant and employer and/or insurance carrier.
See Instructions below*

The People of the State of California Send Greetings to :

WE COMMAND YOU to appear before:

at:

On the _____ day of _____ at _____, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books, and records:

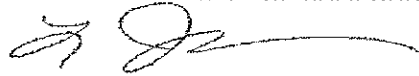
(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of contempt and liability to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

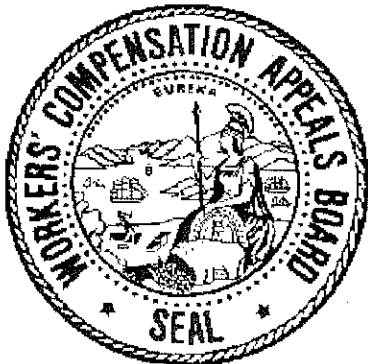
This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date _____

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



Secretary, Assistant Secretary, Workers' Compensation Judge



*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990 AND BEFORE JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly. See Reverse side.

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DIA WCAB FORM 32 (Side 1) (Rev. 06/94)

DECLARATION FOR SUBPOENA DUCES TECUM

STATE OF CALIFORNIA, County of Los Angeles
The undersigned states: That Med-Legal, Inc. has been authorized to obtain records by

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons: Reason

Declaration regarding Jurisdiction of the Workers' Compensation Appeals Board

That an Application for Adjudication has been filed with the Workers' Compensation Appeals Board. Pursuant to Regulation 10530 jurisdiction has been established once an Application for Adjudication has Been filed with the W.C.A.B. Case Number pending W.C.A.B. backlog.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____, California.

Signature

Address

Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles
I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ 20 _____, at _____, California _____

Signature