

**State of California
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD**

Case No. _____

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

vs.

Claimant /Applicant

Employer/ Insurance Carrier /Defendant

SUBPOENA

The People of the State of California Send Greetings to:

YOU ARE HEREBY COMMANDED to appear before:

at

On the _____ day of _____, at _____ o'clock ____ M., to testify in the above
entitled action.

For failure to attend as required, you may be deemed guilty of contempt and liable 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 request of _____, Telephone No. _____



WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Secretary, Assistant Secretary, Workers' Compensation Judge

Date: _____

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

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

[SUBPOENA INVALID WITHOUT DECLARATION]

DECLARATION OF SERVICE

STATE OF CALIFORNIA
COUNTY OF _____

I served the foregoing subpoena by showing the original thereof to each of the following named persons, and by delivering a copy thereof to each of said persons, personally, at the date and places set forth opposite each name, to wit

NAME	PLACE	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated _____

*I certify (or declare) penalty of perjury
that the foregoing is true and correct*

Signature