At	ttorney (Name, State Bar n	umber, and addres	ss)			
Eı	elephone No.: mail Address: ttorney For (Name):					
A l S a 25 Sı	ALIFORNIA OCCUPATIOI ND HEALTH APPEALS Book acramento Address 520 Venture Oaks Way uite 300 acramento, CA 95833		nca Street			
In	n the Matter of the Appeal o	f:		Inspection Number		
			Employer	SUBPOENA DUCES TECUM		
 THE PEOPLE OF THE STATE OF CALIFORNIA, TO: [name, address, and telephone number of witness] YOU ARE ORDERED TO APPEAR AS A WITNESS in this matter at the hearing before the Occupational Safety and Health Appeals Board at the date, time, and place shown in the box below UNLESS your appearance is excused as indicated in box 2b below or you make an agreement with the person named in item 3 below. 						
	Zoom	Meeting ID:				
		Date: Time:				
	 a. Ordered to appear in person and to produce the records described in the declaration on page two or the attached declaration or affidavit. The personal attendance of the custodian or other qualified witness and the production of the original records are required by this subpoena. The procedure authorized by Evidence Code sections 1560(b), 1561, and 1562 will not be deemed sufficient compliance with this subpoena. b. Not required to appear in person if you produce (i) the records described in the declaration on page two or the attached declaration or affidavit and (ii) a completed declaration of custodian of records in compliance with Evidence Code sections 1560, 1561, 1562, and 1271. 					
3.		NCE IS REQUIRED,		R YOU TO APPEAR, OR IF YOU WANT TO BE FOLLOWING PERSON BEFORE THE DATE ON		
	a. Name of subpoenaing party	or attorney:		b. Telephone number:		

In the Matter of the Appeal of:	Inspection Number				
• •	·				
Witness Fees: You are entitled to witness fees and mileage actual	Ily traveled both ways, as provided by law, if you				
request them BEFORE your scheduled appearance from the person na					
DISOBEDIENCE OF THIS SUBPOENA MAY BE PUI					
MANNER AND FORM PRESCRIBED BY LAW.					
Date: By:					
•					
	(Name and Title)				
	,				

ACCESSIBILITY OPTIONS AND ACCOMMODATIONS: Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid, service, or a modification of policies or procedures should contact the above listed office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The coordinator can also be reached through the California Relay Service by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing.

In the Matter of the Appeal of:	I	Inspection No.		
	:			
The production of the documents or other th			age one is sup	оропеа ву <i>(спеск опе)</i> :
the attached affidavit or	the following de	eclaration:		
I, the undersigned, declare I am the attorney for (specify):	employer	employee	DOSH	3 rd party/intervenor
in the above-entitled matter.				
The witness has possession or control of time and place specified in the Subpoen				
Continued on attachment.				
Good cause exists for the production of the documents or other things described in paragraph 2 reasons:				graph 2 for the following
Continued on attachment.				
The documents or other things describe following reasons:	ed in paragraph 2	are material to the	ne issues invol	ved in this case for the
Continued on attachment.				
Continued on attachment.				
I declare under penalty of perjury under the	laws of the State	of California that	the foregoing	is true and correct.
Date:	E	By:		
			(Name	e and Title)
			(1401110	

(Proof of service on page 4)

In the Matter of th	ne Appeal of:	Inspection No.			
	PROOF OF SERVICE OF SI	JBPOENA DUCES TECUM			
1. I served this	s <i>Subpoena Duces Tecum</i> by personally de	elivering a copy to the person served as follows:			
a.	Person served (name):				
b.	Address where served:				
C.	Date of delivery:				
d.	Time of delivery:				
e.	Witness fees <i>(check one)</i> : were offered or demanded and paid were not demanded or paid.	. Amount paid:			
f.	Fee for service:				
2. I received this subpoena for service on (date):					
3. Person ser	ving:				
a.	Not a registered California process serve	er.			
b.	California sheriff or marshal.				
C.	Registered California process server.				
d.	Employee or independent contractor of a				
e.	Exempt from registration under Business	and Professions Code section 22350(b).			
f.	Registered professional photocopier.				
g.	Exempt from registration under Business	s and Professions Code section 22451.			
h.	Name, address, telephone number, and,	if applicable, county of registration and number.			
	alty of perjury under the laws of the at the foregoing is true and correct.	(For California sheriff or marshal use only) I certify that the foregoing is true and correct.			
Date:		Date:			
•		•			
	(SIGNATURE)	(SIGNATURE)			