

THE PEOPLE OF THE STATE OF CALIFORNIA, TO:
[name, address, and telephone number of witness]

- | |
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| Zoom Meeting ID: |
| Date: |
| Time: |

- a. Name of subpoenaing party or attorney: _____ b. Telephone number: _____

In the Matter of the Appeal of:	Inspection Number
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4. **Witness Fees:** You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them BEFORE your scheduled appearance from the person named in item 3.

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT IN THE 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.

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The production of the documents or other things sought by the subpoena on page one is supported by *(check one)*:

the attached affidavit or the following declaration:

1. I, the undersigned, declare I am the employer employee DOSH 3rd party/intervenor
attorney for *(specify)*:
in the above-entitled matter.
2. The witness has possession or control of the documents or other things listed below, and shall produce them at the
time and place specified in the Subpoena Duces Tecum on page one of this form. *(Specify exact items to be produced.)*

Continued on attachment.

3. Good cause exists for the production of the documents or other things described in paragraph 2 for the following
reasons:

Continued on attachment.

4. The documents or other things described in paragraph 2 are material to the issues involved in this case for the
following reasons:

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:

By: _____

(Name and Title)

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PROOF OF SERVICE OF SUBPOENA DUCES TECUM

1. I served this *Subpoena Duces Tecum* by personally delivering 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 (*check one*):
were offered or demanded and paid. Amount paid: _____
were not demanded or paid.
- f. Fee for service: _____

2. I received this subpoena for service on (*date*):

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal.
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.
- h. Name, address, telephone number, and, if applicable, county of registration and number.

I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

► _____
(SIGNATURE)

(**For California sheriff or marshal use only**)
I **certify** that the foregoing is true and correct.

Date:

► _____
(SIGNATURE)