

Attorney (Name, State Bar number, and address) Telephone No.: Email Address: Attorney For (Name):	
CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD <u>Sacramento Address</u> <u>Los Angeles Address</u> 2520 Venture Oaks Way 100 North Barranca Street Suite 300 Suite 410 Sacramento, CA 95833 West Covina, CA 91791	
In the Matter of the Appeal of: <div style="text-align: right;">Employer</div>	Inspection Number <div style="text-align: center;">SUBPOENA FOR PERSONAL APPEARANCE AT VIDEO HEARING</div>

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

1. **YOU ARE ORDERED TO APPEAR AS A WITNESS** in this matter at the video hearing before the Occupational Safety and Health Appeals Board at the date, time, and place shown in the box below **UNLESS** you make an agreement with the person named in item 2:

Zoom Meeting ID: Date: Time:

2. **IF YOU HAVE ANY QUESTIONS ABOUT THE TIME OR DATE FOR YOU TO APPEAR, OR IF YOU WANT TO BE CERTAIN THAT YOUR PRESENCE IS REQUIRED, CONTACT THE FOLLOWING PERSON BEFORE THE DATE ON WHICH YOU ARE TO APPEAR. YOU MAY BE ABLE TO ARRANGE TO APPEAR VIA VIDEO FROM ANOTHER LOCATION ON ANOTHER DEVICE. THE LOCATION MUST BE PRIVATE AND QUIET DURING YOUR APPEARANCE AT THE HEARING.**
- a. Name of subpoenaing party or attorney: _____ b. Telephone number: _____

3. **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 2.

4. **IF YOU OBJECT TO THE SUBPOENA, SEEK MODIFICATION OF THE SUBPOENA, OR BELIEVE THAT THE SUBPOENA IS OTHERWISE IMPROPER, YOU MAY FILE A TIMELY MOTION WITH THE BOARD TO QUASH OR MODIFY THE SUBPOENA, PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 8, SECTION 373.2, SUBSECTION (g).**

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.