

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 a Workers' Compensation Judge of the WORKERS' COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA 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 a 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 the request of _____, Telephone No. _____.

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.



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, 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.

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.

[SUBPOENA INVALID WITHOUT DECLARATION]

**DECLARATION FOR INJURIES OCCURING ON OR AFTER
JANUARY 1, 1990, AND BEFORE JANUARY 1, 1994,
FOR WHICH AN APPLICATION FOR ADJUDICATION OF CLAIM HAS NOT BEEN FILED**

STATE OF CALIFORNIA, County of _____ Case No. _____

The undersigned states:

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 and that an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 and California Code of Regulations, title 8, section 10120 (Administrative Director's Rules and Regulations), by the alleged injured worker in this action, 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.

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 _____

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.

<u>Name of Person Served</u>	<u>Date</u>	<u>Place</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Executed on _____, at _____, California.

Signature