SUBPOENA
State Form 34877 (R2 / 10-93)

Cause number

INDIANA WORKER'S COMPENSATION BOARD
402 West Washington Street, Room W196
Indianapolis, IN 46204-2753

Name of Plaintiff	Name of Plaintiff's Attorney

VS

Name of Defendant	Name of Defendant's Attorney

STATEMENT AND SIGNATURE

State of Indiana

County of _____ } SS: To the sheriff of _____ county, in the State of Indiana,

Greeting: You are hereby commanded to summon _____

_____

to appear before the Worker's Compensation Board of Indiana at _____, in the city-town

of _____, in the county of _____, in the state

of Indiana, on the _____ day of _____, 19 _____,

at _____ o'clock _____ M, to give evidence in a certain proceeding pending before said Worker's Compensation Board of

Indiana, wherein _____ is the plaintiff, and _____

_____ is the defendant, on behalf of _____.

Witness the hand of said Board this _____ day of _____, 19 _____

Mary Tarvaltowski
Signature of the Board Member / Secretary

Sheriff's return came to hand on the _____ day of _____, 19 _____,

at _____ o'clock _____ M, and I served said subpoena by reading it to and within the hearing of the within

names, _____

or by leaving a true and correct certified copy thereof at the last usual place of residence of the within named _____

_____

Witness my hand this _____ day of _____, at _____ o'clock _____ M

Signature of serving officer	County

FEES

Mileage	$
Service	$
Copy	$
Return	$
TOTAL	$