

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Date

Name, Secretary
Worker's Compensation Commission
Address Line
City, State Zip Code

Re: MWCC No:
Claimant:
Employer:
Carrier:
Accident Date:

Dear :

Please issue a subpoena to each of the following persons to appear before Administrative Judge Name. and give testimony on behalf of _____ on _____ at _____ a.m. in Hearing Room _____ of the _____ at _____, _____, _____ :

- I.
- 2.

Enclosed is a check in the amount of \$ _____ to cover the cost of issuing these subpoenas.

Thank you.

Yours truly,

**
Attorney for **