



SUBPOENA

Claimant vs. Employer/Insurer

TO: Name, Address, Address 2, City, County, State, Zip Code

You are hereby compelled to appear at a hearing site or the following location: On Date at Time a.m. or p.m.

Address of WCC hearing site or other location, City, State, Zip Code

NOTE: The location must be Baltimore City if this subpoena compels the production of (1) Department of Labor records, or (2) any other documents directly to the Commission.

To testify in the above case, and/or To produce the following documents or tangible items, and information, NOT MEDICAL RECORDS:

Description of non-medical documents, To produce MEDICAL RECORDS:

Requesting Party Name requested issuance of this subpoena. Questions should be referred to:

Name, Address, City, State, Zip, Phone

If this subpoena compels the production of MEDICAL RECORDS, the requester of this subpoena hereby certifies having taken all necessary steps to comply with the requirements of Md. Code Ann., Health-General § 4-306 and any other applicable law.

If this subpoena compels the production of FINANCIAL INFORMATION, or information derived from financial records, the requester of this subpoena hereby certifies having taken all necessary steps to comply with the requirements of Md. Code Ann., Financial Institutions § 1-304 and any other applicable law.

Issue Date:

Service Deadline: 60 days after Issue Date

WORKERS' COMPENSATION COMMISSION PER STACEY L. ROIG, SECRETARY OF THE COMMISSION

- NOTICE: 1. YOU ARE LIABLE TO BODY ATTACHMENT AND/OR COSTS BY THE CIRCUIT COURT FOR FAILURE TO OBEY THIS SUBPOENA UNDER THE AUTHORITY OF COMAR 14.09.03.05H 2. This subpoena is effective for the date and time stated and any subsequent dates as directed by the Commission. 3. Serving or attempting to serve a subpoena more than 60 days after the date of issuance is prohibited.

RETURN OF SERVICE

I certify that I delivered the original of this Subpoena to the following person(s): on the following date: by the following method (specified method per COMAR 14.09.01.03):

Signature, Printed Name