



Bureau of Workers' Compensation

FIELD OFFICE STREET ADDRESS

FIELD OFFICE CITY, STATE, ZIP

SUBPOENA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

TO:	BUREAU CLAIM NUMBER
NAME	CLAIMANT NAME
ADDRESS	CLAIMANT ADDRESS
ADDRESS	CLAIMANT ADDRESS
ADDRESS	VS
ADDRESS	DEFENDANT NAME
ADDRESS	DEFENDANT ADDRESS
ADDRESS	DEFENDANT ADDRESS

(1) You are hereby ordered, pursuant to the provisions of the Workers' Compensation Act, to come to a hearing at (specify full address):

on (date)

in the County of

to testify in the above case, and to remain until excused.

(2) Bring the following documents or records with you:

(3) This you are to obey, without excuse, under penalty of contempt of court for noncompliance.

(4) All Requests for Medical Records are subject to the following Notice:

This subpoena does not apply to confidential medical records that are protected by the confidentiality of HIV-Related Information Act, Act 148, P.L. 585 of 1990, 35 P.S. 7606 et seq. (especially §§ 7607-7608).

WITNESS MY HAND AND SEAL OF THE
DEPARTMENT OF LABOR AND INDUSTRY

SEAL

WORKERS' COMPENSATION JUDGE'S NAME

DATE

Inquiries concerning this subpoena should be addressed to:

Attorney Name or Law Firm:

Attorney Address:

Attorney Telephone Number: