



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 3315 West Truman Blvd., P.O. Box 58
 Jefferson City, MO 65102-0058

INJURY NUMBER

**SUBPOENA
 FOR DEPOSITION**

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THE STATE OF MISSOURI,

To _____

You are hereby commanded to be and appear personally at (location) _____
 _____, at the hour of _____ M.,
 on (date) _____, in the City of _____
 _____, Missouri, to be deposed and testify regarding a
 Claim for Compensation under the Missouri Workers' Compensation Law between _____
 _____, employee (or dependent),
 _____, employer, and
 _____, insurer,
 at the request of _____ (name of
 party – employee, employer, insurer, or second injury fund) and hereof fail not at your peril.

This *Subpoena* is requested by _____ (name of attorney), attorney
 for _____ (name of party). Attorney's phone number, including area
 code, is: _____. Attorney's fax number, including area code, is: _____.

By requesting issuance of this *Subpoena*, the attorney so requesting affirms and verifies compliance with the Missouri Rules of Civil Procedure regarding the scheduling of the deposition of this witness, including (but not limited to) compliance with Rule 57.03(b)(1), regarding the giving of written notice to all other parties of the time and place for taking the deposition, and the identity of the person to be examined.

Given by order of the Division of Workers' Compensation, Department of Labor and Industrial Relations, with the seal of the Division of Workers' Compensation of the Department of Labor and Industrial Relations of the State of Missouri affixed, at the City of _____, Missouri, this _____ day of _____.

(SEAL)

DIVISION OF WORKERS' COMPENSATION

By _____
 Director – Administrative Law Judge

(Over)

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RETURN

STATE OF MISSOURI

_____ of _____

} ss.

being duly sworn, on his oath states that he served the within subpoena in the City of _____

Missouri, on the _____ day of _____, by delivering a true copy

thereof to the within named _____

Subscribed and sworn to before me, this _____ day of _____

My term expires _____

Notary Public