WORKERS' COMPENSATION			INJURY NUMBER	
	Jefferson City, MO 65102-0058	[]		
	SUBPOENA FOR DEPOSITION		-	
	FOR DEI OSITION	•		
THE STATE (OF MISSOURI,			
То				
You are he	ereby commanded to be and appear pe	ersonally at (location)		
		, at the hour of		
on (date)		, in the City of		
		, Missouri, to be deposed and testify regarding a		
Claim for Com	pensation under the Missouri Worke	ers' Compensation Law between		
			, employee (or dependent),	
			, insurer,	
at the request of	0			
party – employ	vee, employer, insurer, or second inju	rry fund) and hereof fail not at your p	peril.	
This Subpoe	<i>ana</i> is requested by		(name of attorney), attorney	
-			ney's phone number, including area	
code, is:	Attorney	's fax number, including area code, is:		
Procedure regard	suance of this <i>Subpoena</i> , the attorney so ding the scheduling of the deposition of t ving of written notice to all other parties of	his witness, including (but not limited to) compliance with Rule 57.03(b)(1),	
Given by o	order of the Division of Workers' Cor	npensation, Department of Labor an	d Industrial Relations, with the	
seal of the Div	ision of Workers' Compensation of t	he Department of Labor and Industri	ial Relations of the State of	
	ed, at the City of	-		
·				
	(SEAL)	DIVISION OF WO	RKERS' COMPENSATION	
	()	Ву		
		Director – Ad	Iministrative Law Judge	
		(Over)		
+	WC-25-B		WC-25-B (01-23) A	

RETURN

STATE OF MISSOURI	 }ss.		
being duly sworn, on his o	ath 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 name	d		
Subscribed and sworn	to before me, this	day of	
My term expir	es		
		No	otary Public