



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

INJURY NUMBER

**SUBPOENA DUCES TECUM
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 you are further commanded to bring with you, and there produce in evidence _____

and hereof fail not at your peril.

This *Subpoena Duces Tecum* 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 Duces Tecum*, 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, and the designation of the materials to be produced as set forth in this *Subpoena Duces Tecum*.

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