WITNESS SUBPOENA REQUEST	DOCKET NO. _____
Requestor's Name Business Name Address City, State, ZIP Telephone/Fax	
Requesting Party represents:	☐ Claimant ☐ Employer ☐ Department of Labor ☐ Other:
Will this person testify voluntarily?	☐ Yes ☐ No. If no, why not?
Is this witness's testimony available from anyone else?	☐ Yes If yes, who else can testify? ☐ No
What testimony will this witness provide and how is it relevant to your appeal?	
Subpoena should be directed to: Name of witness Company Name Address City, State, ZIP Telephone / Fax	
Please Sign and Date Here:	_____ _____ Signature Date

DO NOT ENTER INFORMATION BELOW :		FOR TRIBUNAL USE ONLY
Assigned Judge		
Date of Hearing:		
Time of hearing:		
Request Timely?	☐ Yes ☐ No	(Affix Date Stamp Here)
Subpoena request is ☐ GRANTED		
Subpoena request is ☐ DENIED	☐ Not Specific ☐ Irrelevant ☐ Cumulative ☐ Immaterial ☐ Repetitive ☐ Other:	
Administrative Law Judge:	_____ _____ Signature Date	

Please return the WITNESS SUBPOENA REQUEST to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.
You may also fax this to the Tribunal at: (402) 47 1-1734