

## DOCUMENT SUBPOENA REQUEST

DOCKET NO.: \_\_\_\_\_

|  |   |                                   |
|--|---|-----------------------------------|
| Name of Attorney / Representative<br>Company / Firm Name<br>Business Address<br>City, State, ZIP<br>Telephone/Fax    |   |                                   |
| Requesting Party represents:   | <input type="checkbox"/> Claimant   | <input type="checkbox"/> Employer |
|  | <input type="checkbox"/> Department of Labor  | <input type="checkbox"/> Other:   |
| Describe the documents to be subpoenaed:   |   |                                   |
| Have you or your client requested these documents from the original source prior to this request for a subpoena?     | <input type="checkbox"/> Yes  | If yes, state date and result:    |
|  | <input type="checkbox"/> No   |                                   |
| Is this information available from any other source?   | <input type="checkbox"/> Yes  | If yes, describe the source:      |
|  | <input type="checkbox"/> No   |                                   |
| How are these document(s) relevant to your client's appeal?  |   |                                   |
| Subpoena should be directed to:<br>Name of witness<br>Company Name<br>Address<br>City, State, ZIP<br>Telephone / Fax |   |                                   |
| Please Sign and Date Here:   | _____   | _____                             |
|  | Signature   | Date                              |
| <b>DO NOT ENTER INFORMATION BELOW</b>  |   | <b>FOR TRIBUNAL USE ONLY</b>      |
| Assigned Judge   |   | (Affix Date Stamp Here)           |
| Date of Hearing:   |   |                                   |
| Time of hearing:   |   |                                   |
| Request Timely?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |
| Subpoena request is <input type="checkbox"/> GRANTED   |   |                                   |
| Subpoena request is <input type="checkbox"/> DENIED  | <input type="checkbox"/> Not Specific <input type="checkbox"/> Irrelevant <input type="checkbox"/> Cumulative <input type="checkbox"/> Immaterial <input type="checkbox"/> Repetitive |                                   |
|  | <input type="checkbox"/> Other:   |                                   |
| Administrative Law Judge:  | _____   | _____                             |
|  | Signature   | Date                              |

Please return the DOCUMENT SUBPOENA REQUEST to: Nebraska Appeal Tribunal, P.O. Box 94600, Lincoln, NE 68509.  
You may also fax this to the Tribunal at: (402) 471-1734