

DOCUMENT SUBPOENA REQUEST

DOCKET NO.: _____

Name of Attorney / Representative Company / Firm Name Business Address City, State, ZIP 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: 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		(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 98941, Lincoln, NE 68509.
You may also fax this to the Tribunal at: (402) 471-1734