CLAIMANT'S REQUEST FOR WITNESS SUBPOENA	DOCKET NO. _____
1.) Claimant's Name, Address, City, State, ZIP Telephone / fax number	
2.) Name of the person to subpoena	
3.) Will this person testify voluntarily?	☐ Yes ☐ No. If no, why not?
4.) Is this witness's testimony available from anyone else?	☐ Yes If yes, who else can testify? ☐ No
5.) What testimony will this witness provide and how is it relevant to your appeal?	
6.) 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?	☐ Yes ☐ No	
Subpoena request is ☐GRANTED		
Subpoena request is ☐DENIED	☐ Not Specific ☐ Irrelevant ☐ Cumulative ☐ Immaterial ☐ Repetitive ☐ Other:	
Administrative Law Judge:	_____ _____ Signature Date	

Please return the CLAIMANT'S REQUEST FOR WITNESS SUBPOENA to:
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734