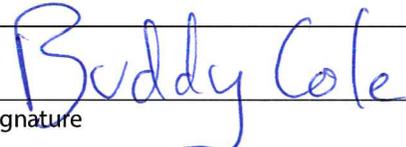


**EMPLOYER'S REQUEST FOR DOCUMENT SUBPOENA**

DOCKET NO.: 16 XXXX

1.) Requestor's Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax	Buddy Cole, Human Resources Manager Acme Widgets LTD 321 Contact Way Anywhere NE 68999 Phone: (402) 555-9876. Fax: (402) 555-7524
2.) Describe the documents to be subpoenaed:	Any medical documents supporting the claimant's claim that he needed to quit because of health reasons.
3.) Has the employer requested copies of these documents from the original source prior to requesting the subpoena?	<input checked="" type="checkbox"/> Yes      If yes, state date and result: <span style="margin-left: 150px;">No response from claimant</span> <input type="checkbox"/> No
4.) Is this information available from any other source?	<input type="checkbox"/> Yes      If yes, describe the source:  <input checked="" type="checkbox"/> No
5.) How are these document(s) relevant to the employer's appeal?	These documents would show whether or not the claimant quit because of health reasons
6.) Subpoena should be directed to: Contact Name Business / Company Address City, State, ZIP Telephone / Fax	Jane Roe 123 Main Street Anywhere NE 68999 (402) 555-1234 janeroe@email.com
Please Sign and Date Here:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;"> <u>2-31-16</u>            Date         </div> </div>

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