EMPLOYER'S REQUEST FOR DOCUMENT SUBPOENA	DOCKET NO.: _____
1.) Requestor's Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax	
2.) Describe the documents to be subpoenaed:	
3.) Has the employer requested copies of these documents from the original source prior to requesting the subpoena?	☐ Yes If yes, state date and result: ☐ No
4.) Is this information available from any other source?	☐ Yes If yes, describe the source: ☐ No
5.) How are these document(s) relevant to the employer's appeal?	
6.) Subpoena should be directed to: Contact Name Business / Company 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 EMPLOYER'S DOCUMENT SUBPOENA REQUEST to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.
This request may also be faxed to the Tribunal at (402) 471-1734