

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
KENTUCKY CLAIMS COMMISSION
CLAIM NO. _____**

SUBPOENA

IN THE MATTER OF: _____

TO: _____

PURSUANT TO KRS 49.020, et seq., YOU ARE COMMANDED TO APPEAR BEFORE THE KENTUCKY CLAIMS COMMISSION on the _____ day of _____, 20__, at _____ AM/PM, PREVAILING LOCAL TIME, LOCATED AT: _____

- TO TESTIFY IN THE ABOVE-STYLED MATTER.
- TO PRODUCE THE DOCUMENTS DESCRIBED ON THE REVERSE SIDE.

ISSUED BY: _____
HEARING OFFICER, CLAIMS COMMISSION

TO BE COMPLETED WHEN WITNESS ACKNOWLEDGES SERVICE

I hereby acknowledge receipt of a true copy of this subpoena.

SIGNED: _____

DATE: _____

TO BE COMPLETED WHEN SUBPOENA IS SERVED BY AN OFFICER OF THE COURT

This subpoena was served by delivery of a true copy to _____ on this _____ day of _____ 20__.

SIGNED: _____

TITLE: _____

Upon successful service of this subpoena, please return original to:

*Lisa G. Robinson, Claims Clerk
Kentucky Claims Commission
130 Brighton Park Blvd.
Frankfort, KY 40601
502-782-8255*