

SUBPOENA

State of Wisconsin
Division of Hearings and Appeals
Office of Worker's Compensation Hearings
P.O. Box 7922
Madison, WI 53707
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The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

State of Wisconsin

County: _____

To:

Applicant **VS.** **Respondent**

Hearing Location (Include Room Number)	Hearing Date	Hearing Time

You are required to appear before the Division of Hearings and Appeals on the day and at the time and place stated above, to give evidence in a controversy heard between the above named applicant and respondent, on the part of:
Applicant Respondent

You are further required to bring with you the following papers and documents:

The subpoena is issued pursuant to s. 102.17 (2) (2m) Wisconsin Statutes.

Law Firm or Person Issuing Subpoena

Mailing Address of Law Firm or Person (number, street, city, state, zip code)

Signature of Attorney or Person Issuing Subpoena

Date of Subpoena