

OFFICE OF ADMINISTRATIVE HEARINGS 100 Washington Avenue South Suite 1700 Minneapolis, Minnesota 55401-2138 612/341-7600 FAX 612/349-2665	SUBPOENA REQUEST FORM Minn Rule Pt. 1400.7000 OAH File No. _____ Request Date _____
Name of Judge: _____	Type of Subpoena (Check one) Hearing Presence ___ Document Production ___ Deposition ___

In the Matter of: _____

Requesting Party or Attorney	Person Being Served
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone: _____ FAX: _____	City _____ State _____ Zip _____

Date and Location of Hearing (or Deposition or Return of Documents):

Date _____ Time _____
 Address _____

 City _____ State _____ Zip _____

Relevancy of Testimony or Document to be Subpoenaed
_____ _____ _____ _____

Please Note: There is a \$5.00 fee for each subpoena issued. OAH will bill the party/attorney for the subpoenas. *Documents to be produced must be described with specificity on the reverse side of this form.*

A copy of this request must be sent to all other parties.

If you have any questions concerning this subpoena request, please consult Minn. Rule pt. 1400.7000, or contact a Staff Attorney at the office at 612-341-7600.

The requesting person is responsible for personal service of the subpoena. Anyone, except the requesting person, may personally serve the subpoena. The requesting person is also responsible for payment to the witness of any statutory fees or costs before the witness' appearance. Minn. Stat. § 357.22 provides for a witness fee of \$20.00 per day and travel expenses of 28 cents per mile.