

Commonwealth of Kentucky  
Public Protection Cabinet  
Office of Claims & Appeals  
kycc.ky.gov  
Revised 1-2025



**CIVIL**  
☐ **SUBPOENA**  
☒ **SUBPOENA DUCES TECUM**

Case No. \_\_\_\_\_  
Board of Claims

\_\_\_\_\_  
VS  
\_\_\_\_\_

CLAIMANT

RESPONDENT

**Pursuant to KRS 49.020(7)(b), and the authority granted therein:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

**You are to appear at:** \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ at \_\_\_\_\_ ☐ a.m. OR ☐ p.m. ☐ Eastern ☐ Central Time

☐ To testify in behalf of \_\_\_\_\_  
☐ To produce \_\_\_\_\_

☐ To give depositions

**You are commanded to produce and permit inspection and copying of the following documents or objects (or to permit inspection of premises):** \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ at \_\_\_\_\_ ☐ a.m. OR ☐ p.m. ☐ Eastern ☐ Central Time  
at the following address: \_\_\_\_\_

_____ Issuing Officer
By: _____

_____ Name of Requesting Attorney/Pro-Se Party
_____ Address
Phone # _____
E-mail: _____

**PROOF OF SERVICE**

This subpoena was served by delivery of a true copy to: _____	
This _____ day of _____, 2____	By: _____
	_____ Title

**Print Form**

**Reset Form**