

COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
OFFICE OF CLAIMS AND APPEALS
BOARD OF CLAIMS
CLAIM NO. _____

SUBPOENA

IN THE MATTER OF: _____

TO: _____

PURSUANT TO KRS 49.020(6), et seq., YOU ARE COMMANDED TO APPEAR BEFORE
THE BOARD OF CLAIMS 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: _____
Joshua Hicks
Interim Chair

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:

*Office of Claims and Appeals
Board of Claims
500 Mero St., 2SC1
Frankfort, KY 40601
502-782-8255*