

Commonwealth of Kentucky  
Public Protection Cabinet  
Office of Claims & Appeals  
kycc.ky.gov



**CIVIL**  
☐ SUBPOENA  
☐ SUBPOENA DUCES TECUM

Case No. \_\_\_\_\_  
Board of Tax Appeals

\_\_\_\_\_

APPELLANT

VS

\_\_\_\_\_

APPELLEE

**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**