

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, 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: \_\_\_\_\_

HEARING OFFICER, BOARD OF CLAIMS

**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*