

State of Michigan
Department of Labor & Economic Growth
Workers' Compensation Agency/Board of Magistrates
P.O. Box 30016, Lansing, MI 48909

**SUBPOENA FOR PRODUCTION OF RECORDS
(and/or) WITNESS SUBPOENA**

Plaintiff (include last 4 digits of social security number)

Defendant(s)

v

In the name of the People of the State of Michigan TO:

YOU ARE ORDERED:

1. to produce on or before _____ the following records, papers, books and documents:
2. to appear personally before _____ on:
Date:
Time:
Location:
3. to both produce the items designated in Number 1, and to appear personally as outlined in Number 2.

All items specified in Number 1 are to be forwarded to: (DO NOT SEND RECORDS TO ANY WORKERS' COMPENSATION AGENCY OFFICE)

Note: If copies of business/medical records are mailed, the records custodian shall complete the certificate on the backside of this subpoena and attach a complete copy of the original business/medical records to the subpoena.

If you fail to produce or appear without such material as you have been ordered to produce, you may be found guilty of contempt and punished accordingly in any circuit court within whose jurisdiction the offense is committed.

I certify that this subpoena meets the requirements of R418.56.

Signature _____
(Party requesting subpoena)

Signed this _____ day of _____, 20__.

WORKERS' COMPENSATION AGENCY

Magistrate or Director

Plaintiff Attorney Name, P#, Address, Phone

Defendant Attorney Name, P#, Address, Phone

Defendant Attorney Name, P#, Address, Phone

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. If you require special accommodations to use the hearings office because of a disability or if you require a foreign language interpreter to help you to fully participate in any proceedings, please contact the agency immediately.

Authority: Workers' Disability Compensation Act 418.853;
R418.56
Completion: Voluntary
Penalty: None

Plaintiff (include last 4 digits of social security number)

v

Defendant(s)

CERTIFICATE OF RECORDS CUSTODIAN

_____, the undersigned after being sworn, states the following:

1. That I am the _____ of _____
(Your position) (Organization)
 and in such capacity I am the custodian of the business/medical records for this organization.
2. That on _____, I was served with a subpoena in connection with this claim, calling for the
(Date)
 production of business/medical records pertaining to _____.
3. That I reviewed the original of the records and made a true and exact copy of the original records and that the attached copies of the original records are true and complete.
4. If submitting medical records, it is the regular practice of this organization to contemporaneously and timely record information concerning the treatment and care of the patient and I have attached the records that have been prepared and kept concerning this patient.

Signature _____ Date _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires _____ Signature _____
Date Notary Public

AFFIDAVIT OF MAILING/PROOF OF SERVICE

I certify that on _____ a copy of this subpoena with a witness fee and mileage fee was
Date

mailed to the other party(ies) or their attorney(s), securely sealed with full-rate postage attached and deposited with the United States Postal Service.

personally served.

Signature _____ Date _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires _____ Signature _____
Date Notary Public