

**OFFICE OF THE
ATTORNEY GENERAL**

**ADMINISTRATIVE
HEARINGS BRANCH**

Suite 200
1024 Capital Center Dr.
Frankfort, KY 40601-8204
(502) 696-5442
(502) 573-1009 - FAX

**COMMONWEALTH
OF
KENTUCKY**



**ADMINISTRATIVE
SUBPOENA**

Agency and Division

Agency Case No.

Administrative Action No.

_____ vs. _____
Complainant Respondent

TO: _____

PURSUANT TO THE AUTHORITY OF KRS 13B.080(3), YOU ARE HEREBY COMMANDED TO APPEAR:

at the following place: _____ _____ _____	on _____, _____ at _____ m. <input type="checkbox"/> Eastern Time <input type="checkbox"/> Central Time
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To testify on behalf of _____

To produce the following documents or evidence: _____

To give a deposition.

Issuing Hearing Officer Division of Administrative Hearings Date: _____	Requesting Attorney or Party Address: _____ _____ _____ Telephone: _____
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This is a true copy of the original subpoena, which was delivered to: _____

on the _____ day of _____, 20_____.

By: _____
(print and sign name)

Title: _____



COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

JACK CONWAY
ATTORNEY GENERAL

Administrative Hearings Branch
(502) 696-5442

1024 CAPITAL CENTER DRIVE
SUITE 200
FRANKFORT, KENTUCKY 40601

INSTRUCTIONS FOR ADMINISTRATIVE SUBPOENAS

1. ENCLOSED IS THE ADMINISTRATIVE SUBPOENA THAT YOU HAVE REQUESTED. YOU ARE ALLOWED TO MAKE UP TO TEN (10) COPIES FOR SERVICE IN THIS CASE.
2. THE SUBPOENA HAS THE ACTION NUMBER(S) AND CASE NAME FILLED IN, AND IS SIGNED BY A HEARING OFFICER.
3. IT IS YOUR RESPONSIBILITY TO FILL OUT THE REMAINDER OF EACH SUBPOENA COMPLETELY AND ACCURATELY AND TO ENSURE THAT EACH SUBPOENA IS PROPERLY SERVED.
4. YOU SHOULD FILE A COPY OF THE EXECUTED SUBPOENA WITH THE AGENCY, INDICATING THE DATE OF SERVICE, AND THE NAME OF THE PERSON WHO MADE SERVICE WHERE INDICATED ON THE SUBPOENA.
5. IF MORE THAN 10 SUBPOENAS ARE NEEDED, PLEASE CONTACT THE ADMINISTRATIVE HEARINGS BRANCH AT 502-696-5442.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

