

**DISTRICT OF COLUMBIA**  
**OFFICE OF ADMINISTRATIVE HEARINGS**  
441 Fourth Street, NW · Washington, DC 20001-2714  
TEL: (202) 442-9094 · FAX: (202) 442-4789

**SUBPOENA FOR UNEMPLOYMENT INSURANCE CASES**

\_\_\_\_\_  
**APPELLANT(S)**

v.

**CASE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**APPELLEE(S)**

To: \_\_\_\_\_

Requesting Party (Name, Address, Telephone): \_\_\_\_\_

**You are required to comply with the directions in the boxes checked below.**

(1)  **YOU ARE COMMANDED** to appear at the place, date, and time specified below or any continued date or time to testify at the hearing in the above case.

<b>LOCATION:</b> Office of Administrative Hearings 441 Fourth Street, NW, Suite 450 North Washington, DC 20001	<b>DATE:</b>	<b>TIME:</b>
---	--------------	--------------

(2) **YOU ARE COMMANDED** to produce the following documents or objects at the place, date, and time specified below or any continued date or time:

(A) <input type="checkbox"/> <b>Documents in your possession or control that are no older than six (6) months before employee's date of termination and that directly relate to the employee's separation from employment.</b>  <u>OR</u>  (B) <input type="checkbox"/> <b>The following specific documents from category (A) above:</b>  _____  _____
--

<b>LOCATION:</b> Office of Administrative Hearings 441 Fourth Street, NW, Suite 450 North Washington, DC 20001	<b>DATE:</b>	<b>TIME:</b>
---	--------------	--------------



\_\_\_\_\_  
Clerk of the Court  
District of Columbia Office of Administrative Hearings