SUBPOENA DUCES TECUM (CIVIL) – ATTORNEY ISSUED VA. CODE §§ 8.01-413, 16.1-89, 16.1-265; Supreme Court Rules 1:4, 4:9
Commonwealth of Virginia

VWC File No.:.....

.....
HEARING DATE AND TIME

VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St.
Richmond, Virginia 23219
(Court Address)

_____
(Style of Case)

TO THE PERSON AUTHORIZED BY LAW TO SERVE THIS PROCESS:
You are commanded to summon

_____
Name

_____
Street Address

_____
City State Zip

TO the person summoned: You are commanded to make available the documents and tangible things designated and described below:

At the offices of _____, on or before _____ at 10:00 a.m., to permit such party or someone acting in his or her behalf to inspect and copy, test or sample such tangible things in your possession, custody or control.

This Subpoena for Written Information is issued by the attorney for and on behalf of _____.

..... NAME OF ATTORNEY	..... VIRGINIA STATE BAR NUMBER
..... OFFICE ADDRESS	..... TELEPHONE NUMBER OF ATTORNEY
..... OFFICE ADDRESS	..... FACSIMILE NUMBER OF ATTORNEY
..... DATE ISSUED	_____ SIGNATURE OF ATTORNEY

NOTE: Any bill for copying should be sent to the above noted attorney.

Notice to Recipient: See page two for further information.

RETURN OF SERVICE (see page two of this form)

TO the person summoned:

If you are served with this subpoena less than 14 days prior to the date that compliance with this subpoena is required, you may object by notifying the party who issued the subpoena of your objection in writing and describing the basis of your objection in that writing.

TO the person authorized to serve this process: Upon execution, the return of this process shall be made to the clerk of court.

NAME:.....

ADDRESS:.....

.....

☐ PERSONAL SERVICE

Tel. No. .....

Being unable to make personal service, a copy was delivered in the following manner:

☐ Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above:

.....

.....

☐ Posted on front door or such other door as appear to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

☐ not found

....., Sheriff

..... by....., Deputy Sheriff
DATE

CERTIFICATE OF COUNSEL

I, ... , counsel for ..... , hereby certify that a copy of the foregoing subpoena for written information was .....
DELIVERY METHOD

to ..... , counsel of record for .....,

on the ..... day of ..... , ...

_____
SIGNATURE OF ATTORNEY