



**COLORADO DIVISION OF LABOR STANDARDS AND STATISTICS**  
**REQUEST FOR SUBPOENA**

Complete a separate form for each subpoena that you are requesting.

<b>SECTION A: Requesting Party Information</b>	
Name of Party Requesting Subpoena	Email Address
Mailing Address	Telephone Number
Date of hearing <i>(Dates must be in this format: MM/DD/YYYY)</i>	Claim Number
If the subpoena request is granted, how would you prefer to receive the subpoena? <i>Please pick one.</i> <input type="radio"/> By email. <input type="radio"/> By mail.	

<b>SECTION B: Subpoena Information</b>	
Person or Entity to Receive Subpoena	Type of Subpoena Requested <input type="checkbox"/> Appear at Hearing <input type="checkbox"/> Produce Evidence
Address of Person or Entity to Receive Subpoena	Telephone Number of Recipient
If you are requesting a subpoena to produce evidence, what documents or other materials are sought? <i>Provide a detailed description of the documents or other materials you seek.</i>	



**SECTION C: Necessity and Justification for Subpoena**

What evidence do you anticipate getting from the witness or requested documents/materials?

How is this evidence relevant to the appeal, necessary, and not duplicative of other evidence?

What is the cost in time, money, etc. to the person or entity who would be subpoenaed?

How would this subpoena impact the schedule for the hearing?

**SECTION D: Affirmation and Signature**

**I understand** that any person providing false information to the Division of Labor Standards and Statistics in order to obtain and/or retain anything of value may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both. **I attest**, to the best of my knowledge, that the evidence sought by this subpoena is otherwise unavailable to the hearing officer. **I understand** that, if a subpoena is issued as a result of this request, I must provide a copy to the other party. **I declare under penalty of perjury** (C.R.S. § 18-8-501, *et seq.*) that the information I provided is true and correct. If I am not a party to the appeal, **I certify** that I am an authorized representative, acting on behalf of a party to the appeal.

Name of individual who completed this form	<input type="checkbox"/> Party <input type="checkbox"/> Authorized Representative
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Signature

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Date (MM/DD/YYYY)

