

**SUBPOENA FOR WITNESS (CIVIL) –
ATTORNEY ISSUED** VA. CODE §§ 8.01-407; 16.1-265; Supreme Court Rules 1:4, 4:5
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 appear before the Virginia Workers' Compensation Commission at:

on _____, at _____ m. to testify on behalf of the _____ in the above-named case.

This subpoena 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

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 5 calendar days before your appearance is required, the court may, after considering all of the circumstances, refuse to enforce the subpoena for lack of adequate notice. If you are served with this subpoena less than 5 calendar days before your appearance is required, you may wish to contact the attorney who issued this subpoena and the clerk of the court.

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:.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> 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:	
<input type="checkbox"/> 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.)	
<input type="checkbox"/> not found, Sheriff
..... DATE	by....., Deputy Sheriff