

# WORKERS' COMPENSATION COMMISSION

10 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-1641

- SUBPOENA  
 SUBPOENA DUCES TECUM  
 SUBPOENA DUCES TECUM for Medical Record\*

\*Issuing Party must prepare & attach a Certificate of Service pursuant to the Annotated Code of Maryland, Health General, Section 4-306(b).

\_\_\_\_\_  
Claimant *versus*

\_\_\_\_\_  
WCC Claim Number

\_\_\_\_\_  
Employer

and

\_\_\_\_\_  
Insurer

ATTENTION: THIS FORM IS NO LONGER PRINTED IN DUPLICATE. IT IS THE RESPONSIBILITY OF THE PERSON ISSUING THE SUBPOENA TO MAKE DUPLICATE COPIES FOR THE SHERIFF'S RETURN.

TO: \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Code

YOU ARE HEREBY COMMANDED TO PERSONALLY APPEAR  AND/OR  PRODUCE THE FOLLOWING:

at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ A.M./P.M.

Subpoena requested by \_\_\_\_\_; and any questions should be referred to:

\_\_\_\_\_  
Address Telephone:

Date Issued \_\_\_\_\_

WORKERS' COMPENSATION COMMISSION

Per \_\_\_\_\_

## SHERIFF'S RETURN

Served and copy delivered on date indicated below

Unserved, by reason of \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
SHERIFF