

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No.: _____
Worker,
v. _____, and
_____,
Employer/Insurer.

_____ **SUBPOENA OR** _____ **SUBPOENA DUCES TECUM**

TO: _____

GREETINGS:

You are commanded to appear, under penalty of law, on _____
at _____ .m. before the Workers' Compensation Administration at _____,
[Address where adjudication hearing is set]
New Mexico, to testify in the above-entitled action on behalf of the _____

[FOR SUBPOENA DUCES TECUM]

You are further directed, under penalty of law, to bring the items described with you to the
hearing for inspection: _____

WITNESSED & SEALED BY CLERK OF THE WCA

(SEAL)

By: _____

Date: _____

Worker/Attorney/Representative: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____