South Carolina Workers' Compensation Commission 1333 Main Street, Suite 500

P.O. BOX 1715 Columbia, SC 29202-1715 803-737-5675



WCC File #:

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: SSN:			Employer's Name:			
Addr	ress:		Address:			
City:	State:	Zip:	City:		State:	Zip:
Hom	ne Phone:(Work Phone:	() -	Insurance Carrier:			
Prep	arer's Name:	Law Firm:				
		SUBPOE	NA			
To:						
	YOU ARE COMMANDED to appear be testify in the above case.	efore the above-named	Commission at th	e place, date and	time spe	cified below to
	PLACE OF TESTIMONY:		ROO	M:		
			DATI	E AND TIME:		
	YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.					
	PLACE OF DEPOSITION:		DATI	E AND TIME:		
	YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.					
	LIST OF DOCUMENTS:					
	PLACE:		DATI	E AND TIME:		
	YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.					
	PREMISES:		DAT	E AND TIME:		
OF TH	SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU HE COMMISSIONER. QUESTIONS CONCERNING TH	HIS SUBPOENA SHOULD BE AL	DDRESSED TO THE FO	OLLOWING ISSUING C	OFFICER.	
1221	ING OFFICER'S SIGNATURE AND TITLE	DHONE	MIIMBED	DATE		

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.