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

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:	Employer's Name:			
Addre	ess:		<u></u>				
City:	State:	Zip:	City:	State:	Zip:		
Home	e Phone: Work Phone:		Insurance Carrier:				
Preparer's Name: Law Firm:		Pre	Preparer's Phone #:				
SUBPOENA							
To:							
	YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.						
	PLACE OF TESTIMONY:		ROOM:				
			DATE 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:		DATE AN	ND 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:		DATE AND TIME:				
	YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.						
	PREMISES:		DATE AN	ND TIME:			
THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.							
ISSUI	ING OFFICER'S SIGNATURE AND TITLE		PHONE NUMBER	DATE			

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.