

THE OHIO BUREAU OF WORKERS' COMPENSATION

Subpoena

DUCES TECUM

TO:

Given at _____, Ohio, this ____ day of _____, 19____

Issued at
Request of

Director,
Ohio Bureau of Workers' Compensation

RETURN OF SERVICE

On the ____ day of _____, 19____, I served the within named
_____ with the subpoena by

- | | |
|--|---|
| <input type="checkbox"/> Personally delivering a copy to such person | <input type="checkbox"/> Leaving it at such person's usual place of residence |
| <input type="checkbox"/> Reading it to such person in his/her presence | <input type="checkbox"/> NOT FOUND IN MY COUNTY |

Date _____

(TITLE)