

Name, Address and Telephone No. of Attorney(s)



Attorney(s) for _____

STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD

_____)
_____)
_____) Case No.
_____)
_____)
_____)
_____)
_____)
_____)
_____)

SUBPOENA DUCES TECUM

FROM: THE PEOPLE OF THE STATE OF CALIFORNIA

TO:

You are hereby commanded, business and excuses being set aside, to attend and to testify at the request of _____, in the above proceeding at _____, California, on the _____ day of _____, at the hour of _____ o'clock, _____.m. and that you bring with you and there produce the following named documents in your custody or under your control, to wit:

You must appear at that time unless you make a special agreement to appear at another time, etc., with _____ at _____.

(Name of Attorney or Party requesting this Subpoena) (Telephone Number)

Witness Fees: You are entitled to receive witness fees and mileage in the amount prescribed by law for civil actions if you request them BEFORE your scheduled appearance. Request them from the party named above.

Disobedience to this subpoena may be punished as contempt in the manner and form prescribed by law

WITNESS my hand this _____ day of _____.

PUBLIC EMPLOYMENT RELATIONS BOARD

By _____
(Board Agent)

Authority: Gov. Code §§3541.3(h), 3548.2, 3563(g), 3563(i);
Cal. Code of Regs., tit. 8, part III §32150

PROOF OF SERVICE OF SUBPOENA

(c.c.p. §§1985, 1987, 1989, 2015.5; Gov. Code §§26721, 26743, 68093, 68096, etc.)

I personally served the within subpoena by showing the original and delivering a true copy thereof personally to the following person and I offered and, upon demand, paid to each of them the fees required by law:

Name of Person Served: _____

Street Address and City Where Served: _____

Date and Time of Service: _____, _____ .m
(Date) (Time)

Fees Demanded? (Yes/No) _____ Fees Paid (if any): \$

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

at _____, California
(City)

(Signature of Declarant)

(Type or Print Name of Declarant)

(Type or Print Address)