

SUBPOENA

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR RELATIONS

To

You are hereby required to appear before the _____ Department of Labor Relations of the Commonwealth of Massachusetts, 2 Avenue de Lafayette _____ in the City of _____ on the _____ day of _____, _____, at _____ o'clock _____ m. of that day, and from day to day thereafter until the case is concluded, to testify in the matter of _____

Fail not at your peril.

In testimony whereof, the undersigned, an agent of Department of Labor Relations of the Commonwealth of Massachusetts has here-unto set his/her hand at _____ this _____ day of _____, _____.

Subpoena requested by:

RETURN OF SERVICE

I hereby certify that, being a person over 21 years of age, I duly served a copy of the within subpoena.

(INDICATE BY CHECK ✓ METHOD USED)

in person
by registered of certified mail
by leaving copy at principal
office of place of business,
to wit:

Four horizontal lines for indicating the method used.

on the person named herein on

(MONTH, DAY, AND YEAR)

(NAME OF PERSON MAKING SERVICE)

(OFFICIAL TITLE, IF ANY)

I certify that the person named herein was in attendance as a witness at

on (MONTH, DAY OR DAYS, AND YEAR)

(NAME OF PERSON CERTIFYING)

(OFFICIAL TITLE)