

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment Security
Appeals Operations
220 French Landing Drive
Nashville, Tennessee 37243-1002



Telephone: (615) 741-1857
Facsimile: (615) 741-8933

REQUEST FOR SUBPOENA

Claimant's Social Security Number _____ Docket Number _____

Claimant's Name _____ Employer's Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Claimant's Telephone _____ Employer's Telephone _____

Please subpoena the following witnesses and/or documents:

Name/Document _____

Address _____ Telephone _____

This witness/information is important to my case because

Name/Document _____

Address _____ Telephone _____

This witness/information is important to my case because

Name/Document _____

Address _____ Telephone _____

This witness/information is important to my case because

Date _____

Signature _____

Title (if employer) _____

Note: You MUST indicate why the witness or document is needed and relevant. Please use an additional page to describe, if necessary. A subpoena request to the Appeals Tribunal should be delivered at least seven (7) days before the hearing. A subpoena request to the Office of Administrative of Review should be delivered as soon as possible after an appeal has been filed.