



**DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS  
441 4TH STREET, NW, SUITE 450 NORTH  
WASHINGTON, DC 20001-2714**



Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov

_____ Petitioner(s),  v.  _____ Respondent(s)	Case No(s): _____
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**SUBPOENA TO APPEAR AND TESTIFY AT A DEPOSITION**

**TO:** \_\_\_\_\_

**YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at a deposition in the above case.**

<b>PLACE OF DEPOSITION</b>		
<b>METHOD OF RECORDING DEPOSITION</b>	<b>DATE</b>	<b>TIME</b>

**YOU MUST ALSO bring with you the following documents, electronically stored information, or objects.**  
(Leave blank if not applicable)

<b>DOCUMENTS OR OBJECTS</b>
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<b>ISSUING PERSON'S SIGNATURE AND TITLE (indicate if attorney for Petitioner or Respondent)</b>	<b>DATE</b>
<b>ISSUING PERSON'S NAME, ADDRESS AND PHONE NUMBER</b>	

<b>AUTHORIZING ADMINISTRATIVE LAW JUDGE</b>	<b>SIGNATURE</b>	<b>DATE</b>
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**This subpoena is enforceable only when signed by an Administrative Law Judge.**

