



**STATE OF TENNESSEE  
COURT OF WORKERS'  
COMPENSATION CLAIMS**

**SUBPOENA**

\_\_\_\_ to testify      \_\_\_\_ duces tecum  
\_\_\_\_ to take deposition      \_\_\_\_ Medical Records

**DOCKET NUMBER:**  
**STATE FILE #:**  
**DATE OF INJURY:**

REQUESTING PARTY

RESPONDING PARTY

**TO:** (Name, Address & Telephone Number of Witness)

**You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in sanctions as provided by law. The failure to serve an objection to this subpoena within twenty-one days after the day of service of the subpoena waives all objections to the subpoena, except the right to seek the reasonable cost for producing books, papers, documents, electronically stored information, or tangible things.**

<b>TIME TO APPEAR</b>	<b>DATE TO APPEAR</b>	<b>ITEMS TO BRING:</b>
<b>PLACE TO APPEAR:</b>		
<b>This subpoena is being issued on behalf of:</b> <b>Employee      Employer      Other</b> Requesting Party: (Name, Address & Telephone No.)		
<b>REQUESTING PARTY:</b> _____ Signature _____ Printed Name		This Subpoena is being issued on the _____ day of _____, 20____, pursuant to T.C. A. §50-6-238(a)(3).  _____ Clerk

**Medical Records Requested – HIPAA notice required.**

**HIPAA NOTICE**

A copy of this subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, so as to allow him/her twenty-one (21) days to:

- (A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and
- (B) Simultaneously file and serve a Motion for Protective Order consistent with the requirements of T.R.C.P. 26.03.

If no objection is made within twenty-one (21) days of the above date, you shall process this Subpoena and produce the documents by the date and time specified in the Subpoena. The signature of counsel or party on the Subpoena is certification that the above Notice was provided to the patient.

**RETURN ON SERVICE**

**I certify that on the date below I served a copy of this subpoena on the witness stated above by the selected method listed below, pursuant to Tenn. Code Ann. §§ 4-5-311 and 50-6-238(a)(3).**

Check one: (1 or 2 are for the return of an authorized officer or attorney; an attorney's return must be sworn to; 3 is for the witness who will acknowledge service and requires the witness's signature.)

1.  I certify that on the date indicated below I served a copy of this subpoena on the witness stated above by: \_\_\_\_\_
2.  I failed to serve a copy of this subpoena on the witness because: \_\_\_\_\_
3.  I acknowledge being served with this subpoena on the date indicated below: \_\_\_\_\_  
Signature  
\_\_\_\_\_

**Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

Signature of \_\_\_\_ Notary Public or \_\_\_\_ Deputy Clerk

**My Commission Expires:**

**DATE OF SERVICE**

**WITNESS, OFFICER, ATTORNEY OR ATTORNEY'S AGENT**

Signature

Printed Name