

STATE OF HAWAII HAWAII LABOR RELATIONS BOARD

Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813 INSTRUCTION SHEET FOR HLRB-15 SUBPOENA

Instructions

Please completely fill out the HLRB-14 APPLICATION FOR ISSUANCE OF SUBPOENA(S)/SUBPOENA(S) DUCES TECUM (APPLICATION) and the HLRB-15 SUBPOENA.

Type the name, address, and telephone number of the applicant in the top left corner of the Subpoena.

File the APPLICATION and HLRB-15 SUBPOENA, by U.S. Mail, in person, or through electronic filing with the Hawaii Labor Relations Board, Princess Keelikolani Building, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813.

STATE OF HAWAII

HAWAII LABOR RELATIONS BOARD

In the Matter of)	Case No
)	SUBPOENA
ý	
Ź	
}	
)	
)	
j	
j	
\	
}	
)	
SUBPOENA	
STATE OF HAWAII	
TO:	
Request therefor having been duly made by	
whose address is	(0)
	(Street)
(City)	(State) (Zip Code)

YOU ARE HEREBY REQUIRED AND DIRECTED TO APPEAR before the Hawaii Labor Relations Board, at ______ on the _____ day of ____ 20 , at o'clock .m., to testify on behalf of in the above-entitled matter. Hereof fail not under the penalty prescribed by law. Issued at _____this ____ day of ______, 20_____ (Chair/Board Member) NOTICE TO WITNESS. Witness fees for attendance and travel under this subpoena are payable by the party at whose request the witness is subpoenaed. A witness appearing at the request of an officer of the Hawaii Labor Relations Board shall submit this subpoena and voucher when claiming reimbursement. **RETURN OF SERVICE** I hereby certify that I served a copy of the subpoena on the person named herein (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 ____

(Name of Person Certifying)

(Month, Day, Year)

(Official Title)