Clear Form

State of Hawai'i

DESIGN CLAIM CONCILIATNION PANEL
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

DESIGN CLAIM CONCILIATION PANEL Dept. of Commerce and Consumer Affairs 335 Merchant Street, Suite 100 Honolulu, Hawai`i 96813	**SUBPOENA** **NOTICE TO APPEAR** ☐ SUBPOENA DUCES TECUM	CASE NUMBER

CLAIMANT(S):	RESPONDENT(S):

THE STATE OF HAWAI`I TO:

YOU ARE COMMANDED as indicated below, to testify on behalf of the ☐ Claimant ☐ Respondent

☐ **You are further ordered to bring with you the items listed in the comments section to the right.**

DATE:
TIME:
LOCATION/ROOM:

COMMENTS:

ATTACH CONTINUATION PAGE IF NEEDED

DISOBEDIENCE of this subpoena may be punished as contempt by a court of competent jurisdiction.

DATE ISSUED	DCCP ADMINISTRATOR / PANEL CHAIRPERSON

RETURN OF SERVICE

SERVICE WAS MADE AT:	DATE	TIME	PLACE

Comments: ☐ **I served the above-named person.**
☐ **I served this subpoena on another individual. (Explain below)**

DATE	NAME OF SERVER	SIGNATURE