Department of Health and Human Services

Division of Administrative Hearings

109 Capitol Street, #11 State House Station

Augusta, ME 04333-0011

Tel. (207) 624-5350 Fax. (207) 287-8448

**REQUEST FOR SUBPOENA**

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| **Name & address of person requesting subpoena**  The subpoena will be sent to this address |  |
| **Why is this person requesting subpoena?**  Example: He/She is representing the claimant at the hearing |  |
| **Hearing date, time & location** |  |
| **Why is the hearing being held?**  Example: Mr. Smith is appealing the closing of the TANF grant.  Example: A hearing was scheduled to set Mr. Smith’s child support obligation. |  |
| **Who is the hearing for?**  Please indicate whether this person receives TANF, MaineCare, Food  Stamps or other benefits. |  |
| **Name & address of witness**  If more than one witness, complete a form for each witness. |  |
| **What will the witness testify about?**  Example: Mr. Smith is a neighbor who saw me give a $50 check for child support to the child’s mother. |  |

**Please mail or fax the completed form to the address or fax number at the top of the form at least 10 days prior to the hearing date. Inadequate processing time may result in a denial of the subpoena.**