

**MISSISSIPPI WORKERS' COMPENSATION COMMISSION**

MWCC NO. \_\_\_\_\_

VS \_\_\_\_\_

AND \_\_\_\_\_

CLAIMANT

EMPLOYER

CARRIER

**SUBPOENA FOR TAKING DEPOSITION**

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

TO THE SHERIFF OR OTHER PERSON AUTHORIZED TO SERVE SUBPOENAS:

WE COMMAND YOU TO SUMMON: \_\_\_\_\_

to personally appear for the taking of a deposition at: \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.m. to give evidence in the above styled case, at the instance of: \_\_\_\_\_

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_



*Joyce Wells*

Commission Secretary

This subpoena prepared by:

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Bar Identification No. ( ) Telephone

\_\_\_\_\_  
City State Zip

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**RETURN**

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STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

I hereby certify that I am eighteen years of age or older and am not a party to this case before the Mississippi Workers' Compensation Commission and I personally delivered a copy of the foregoing subpoena on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to:

\_\_\_\_\_

at the following address:

\_\_\_\_\_

\_\_\_\_\_.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of person serving subpoena

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone