

NOTICE TO TESTIFY AND PRODUCE
UNDER THE
IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM

Employee: _____

Employer: _____

Insurance Carrier: _____

Other: _____

Case No. (if known): _____

TO:

YOU ARE COMMANDED to appear at the place, date and time specified below to testify in an arbitration hearing in the above matter.
Place of testimony: _____
Date and time: _____

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at a deposition hearing in the above matter.
Place of deposition: _____
Date and time: _____

YOU ARE COMMANDED to produce and permit inspection of the following documents or objects at the place, date and time specified below. You may comply by mailing the documents and objects described to the person serving this Notice at the place identified below within 10 days.
Documents or objects: _____
Place: _____
Date and time: _____

Person Serving Notice:

Name:

Address:

Telephone and FAX Numbers:

Signature: _____

Date: _____