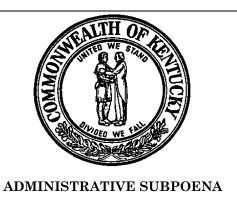
OFFICE OF ADMINISTRATIVE HEARINGS

HEALTH SERVICES DIVISION

105 SEA HERO ROAD, SUITE 2 FRANKFORT, KY 40601 PH: (502) 564-6621 FAX: (502) 573-1014

EMAIL: CHFS.HSAHB@KY.GOV

Signature



OFFICE OF ATTORNEY GENERAL

CON

CASE NUMBER

IN RE:	
то:	
PURSUANT TO THE AUTHORITY OF KRS 13B.080(3) AND KRS 194A.025, YOU ARE HEREBY COMMANDED TO APPEAR AND/OR PRODUCE:	
☐ At the following place:	☐ On theday of,, at the hour of: Central Time
(Link and instructions for any telephonic and video hearing is listed below.)	Eastern Time
To testify on behalf of:	
To produce the following documents or evidence:	
☐ To take a deposition.	
Issuing Hearing Officer Date:	Requesting Party/Representative Date: Phone No.:
For a telephonic proceeding: Call 1-866-889-3903 and input participant code#. If the hearing has not started, you will be placed on hold until the Hearing Officer starts the proceedings.	
For a video proceeding: Navigate an internet web browser to:	
If you cannot join a video proceeding, call in by telephone at 1-305-224-1968, or 1-888-475-4499 (US Toll Free) and then enter pass code When you connect, you will be put in a waiting area. Do not disconnect before you are admitted to the hearing. (Rev. 8/27/2024).	
This is a true copy of the subpoena, which was delivered to: Name and Address	
On the,, by:	Print Name/Title