


<p style="text-align: center;">OFFICE OF ADMINISTRATIVE HEARINGS</p> <p style="text-align: center;">HEALTH SERVICES DIVISION</p> <p>105 SEA HERO ROAD, SUITE 2 FRANKFORT, KY 40601 PH: (502) 564-6621 FAX: (502) 573-1014 EMAIL: CHFS.HSAHB@KY.GOV</p>	 <p style="margin-top: 10px;">ADMINISTRATIVE SUBPOENA</p>	<p style="text-align: center;">OFFICE OF ATTORNEY GENERAL</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;"><u>CON</u></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center; font-size: 0.8em; color: gray;">CASE NUMBER</p>
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IN RE: _____

TO: _____

**PURSUANT TO THE AUTHORITY OF KRS 13B.080(3) AND KRS 194A.025, YOU ARE HEREBY
COMMANDED TO APPEAR AND/OR PRODUCE:**

<input type="checkbox"/> At the following place: _____ _____ _____ (Link and instructions for any telephonic and video hearing is listed below.)	<input type="checkbox"/> On the _____ day of _____, _____ at the hour of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>Central Time</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>Eastern Time</div> </div>
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☐ To testify on behalf of: _____

☐ To produce the following documents or evidence: _____

☐ To take a deposition.

_____ Issuing Hearing Officer	_____ Requesting Party/Representative
Date: _____	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: _____	
	<i>Name and Address</i>
On the _____ day of _____, _____, by: _____	
	<i>Print Name/Title</i>
_____ <i>Signature</i>	