



COMMONWEALTH OF KENTUCKY  
OFFICE OF ADMINISTRATIVE HEARINGS  
HEALTH SERVICES DIVISION  
DEPARTMENT OF LAW  
105 SEA HERO ROAD, SUITE 2  
FRANKFORT KY 40601  
(502) 564-6621 TELEPHONE  
(502) 573-1014 FACSIMILE

Instructions for filling out the Administrative Subpoena:

Insert case information as follows:

- Top right corner box – insert Case Number (i.e., CON, DCBS, DMS, OIG, etc.).
- IN RE: Heading directly under form caption – insert the Case Name.
- TO: section – insert name of person to be subpoenaed.
- Boxes in the middle – insert hearing location, date, and time information.
- Directly below hearing date – check all boxes that apply to why this person is being called to testify, or documents/evidence that you want produced, or to take a deposition.
- Requesting Party/Representative box – person requesting subpoena dates and signs here.

Do not fill in the Hearing Officer box. That is where the Hearing Officer will date and sign, if they decide to issue the subpoena.

After the subpoena form is completed, return it to the Health Services Division, Office of Administrative Hearings as soon as possible for approval of the Hearing Officer. Once approved, the subpoena will be returned to requesting party for service.

Please note that the party requesting the subpoena will be responsible for serving the subpoena on the individual, corporation, ectara.

Please also note that the Hearing Officers do not have the jurisdiction to enforce the subpoenas. That may only be done by a Circuit Court.

Should you have any questions, please contact the office at the number listed above.