Department of Commerce
WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan MP 96950
Tel: (670) 664-8018/8024 • Fax (670) 664-8074
Website: www.commerce.gov.mp

BEFORE THE WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

In the matter of)
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Saipan, MP 96950)

WCC Case No.: _____

SUBPOENA

TO:

YOU ARE HEREBY COMMANDED to appear at the Department of Commerce conference room, first floor, Capitol Hill, Saipan, to attend as a witness on _____ , the _____ day of _____ , _____ at the hour of _____ , o'clock _____, then and there to testify in the above-entitled cause on the part of _____ . For failure to attend or answer as a witness, you may be deemed guilty of comtempt, and liable to pay for all losses and damages sustained thereby the parties aggrieved.

DATED this _____ day of _____ , _____.

CNMI WORKERS' COMPENSATION COMMISSION,

By: _____
Administrative Hearing Officer