

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

[Date Document Filed]

PETITIONER'S NAME,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN
SERVICES,

Respondent.

Case No. ____ - ____ V

Special Master Name _____

PETITIONER'S MOTION FOR SUBPOENA AUTHORITY

Petitioner respectfully moves for authority to serve a subpoena upon _____ (facility/provider name) for _____ (ie: treatment records, workers' compensation records, etc.), pertaining to petitioner, **PETITIONER'S NAME**, for the period of _____ (dates applicable). In support of this motion, petitioner states as follows:

1. Petitioner should provide a brief explanation of what attempts have been made to otherwise collect this evidence.

WHEREFORE, counsel for Petitioner respectfully requests authority to serve a subpoena upon:

Facility/Provider/Contact Name
Address of Service
City, State, Zip

For production of the records detailed above.

Signature

Attorney of Record for Petitioner

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email Address

[Insert Certificate of Service]