ATTORNEY, REPRESENTATIVE, OR PARTY WITHOUT	T ATTORNEY		
Name		Telephone	
Address		Fax	
City	Zip Code	Email	
Representing (Name)			
AGRICULTURAL LABOR RELATIONS BOARD OF THI	STATE OF CALIFORNIA		
Respondent		,	
Charging Party			
SUBPOENA TYPE		Case Number(s)	
DUCES TECUM AD TESTIFICANDUM	(PERSONAL)		
TO (Name)			€
YOU ARE ORDERED to appear before the Ag named in Item 3:	ricultural Labor Relations Board or a He	earing Officer thereof unless you make a sp	ecial agreement with the person
a. Date to Appear:	Time:		
b. Location to Appear:			
Name			
Address			
City	State	Zip Code	٠.
2. and you are			
a. Ordered to appear in person.			
The personal attendance of the co		ne accompanying declaration under penalt of the production of the original records is re in Item 3.	
A.	if you produce the records described i	n the accompanying declaration under per	nalty of perjury
7			
<ol> <li>IF YOU HAVE ANY QUESTIONS ABOUT WITH PRESENCE IS REQUIRED, CONTACT:</li> </ol>	ESS FEES OR THE TIME OR DATE FOR Y	OU TO APPEAR, OR IF YOU WANT TO BE CE	RTAIN THAT YOUR
Name:	Telephone	Email	
4. WITNESS FEES: You are entitled to receive w	ritness fees and mileage actually travel	led, as provided by law. <u>Request them from</u>	the person named in Item 3.
DISOBEDIENCE OF THIS SUBPOENA MAY RE A CONTEMPT.	SULT IN A COURT ORDER DIRECTING Y	OUR APPEARANCE, WHICH IF DISHONORE	D, MAY BE PUNISHED AS
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Dated		Issued By  Member	of the Board

ALRB 11 & 12 (REV. 7/2011)