

**NOTICE TO TESTIFY AND PRODUCE**  
UNDER THE  
**IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM**

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Other: \_\_\_\_\_

Case No. (if known): \_\_\_\_\_

TO:

YOU ARE COMMANDED to appear at the place, date and time specified below to testify in an arbitration hearing in the above matter.  
Place of testimony: \_\_\_\_\_  
Date and time: \_\_\_\_\_

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at a deposition hearing in the above matter.  
Place of deposition: \_\_\_\_\_  
Date and time: \_\_\_\_\_

YOU ARE COMMANDED to produce and permit inspection of the following documents or objects at the place, date and time specified below. You may comply by mailing the documents and objects described to the person serving this Notice at the place identified below within 10 days.  
Documents or objects: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date and time: \_\_\_\_\_

Person Serving Notice:

Name:

Address:

Telephone and FAX Numbers:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_