

**Subpoena Request**

**U.S. Department of Labor**

Employee Benefits Security Administration



Case Name and Number:

Subpoena Subject -- Name and Address:  Natural Person  
 Corporation  
 Employee Benefit Plan  
 Unincorporated Business Assn  
 Potential Defendant  
 Other: \_\_\_\_\_

Deliver Subpoena To:

Contact: Telephone:

Should Subpoena Be Expedited:  Yes  No  
If yes, Why?

Identification of Records: See Attached.

Description of Investigation:

Justification for Issuance:

Subpoena requested by subject  Enforcement may be required  
 No resistance anticipated  Enforcement will be required  
 RFPA may be involved

Action

Initial Date Hour

AD Approval

SOL Approval