



**THE  
DISPUTE RESOLUTION INSTITUTE**  
Commonwealth of Pennsylvania  
County of Philadelphia



**In the matter of:**

\_\_\_\_\_

*(Plaintiff/Claimant)*

vs.

\_\_\_\_\_

*(Defendant/Respondent)*

:  
:  
:  
:  
:  
:  
:  
:  
:  
:

## Arbitration Subpoena

To: \_\_\_\_\_  
*(Name of Witness and Address)*

1. PURSUANT TO STATE LAW, 42 Pa C.S.A. Section 7309, YOU ARE HEREBY ORDERED TO COME TO THE DISPUTE RESOLUTION INSTITUTE, 18TH AND ARCH STS. 6th FLOOR, PHILADELPHIA, PENNSYLVANIA ON \_\_\_\_\_ AT \_\_\_\_\_ O'CLOCK \_\_\_\_ M., TO TESTIFY ON BEHALF OF \_\_\_\_\_ IN THE ABOVE CASE, AND TO REMAIN UNTIL EXCUSED.

2. YOU ARE HEREBY DIRECTED TO BRING WITH YOU THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_

### NOTICE

**If you fail to attend or to produce the documents required by this subpoena, you may be subject to the sanctions authorized by Rule 234.5 of the Pennsylvania Rules of Civil Procedure, including but not limited to costs, attorney fees and other sanctions.**

INQUIRIES CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO:

\_\_\_\_\_  
*(Attorney/Firm)*

ADDRESS \_\_\_\_\_

TELEPHONE AND FAX NO. \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
**Harris T. Bock, Director**  
**THE DISPUTE RESOLUTION INSTITUTE**

\_\_\_\_\_  
DATE  
(over)

# Return of Service

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

I, \_\_\_\_\_, served with the foregoing subpoena by  
(describe method of service):

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I verify that the statements in this return of service are true and correct.  
I understand that false statements herein are made subject to the penalties of 18 Pa C.S.A.  
§4904 relating to unsworn falsification to authorities.

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*Date*

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*Signature*

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*Name of person Served*