VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

INSTRUCTIONS FOR REQUESTING SUBPOENAS

In accordance with the state law (§ 2.2-4022 of the Code of Virginia (1950), as amended), you may request that subpoenas be issued requiring testimony or the production of books, papers, and/or other physical evidence at the proceeding cited in the enclosed notice.

Such requests must be made in writing to the Administrative Proceedings Division at the following address:

Director of Administrative Proceedings Department of Health Professions 9960 Mayland Drive, Suite 300 Richmond, VA 23233-1463

The person requesting the subpoena must be a party to the proceeding or a legal representative for that party.

Copies of all requests must also be delivered or mailed to the Assistant Attorney General presenting the case, if applicable, simultaneously with the delivery of the request to the Department of Health Professions, Director of Administrative Proceedings. The request should contain a statement or certification of delivery or mailing to the Assistant Attorney General whose name is shown as receiving a copy of the notice of this proceeding. Their street address is: Office of the Attorney General, 900 East Main Street, Richmond, Virginia 23219, Telephone: 804-786-2071.

- A. All requests for <u>witness</u> (testimony) must include the following:
 - **1.** The <u>full and complete</u> name of the person to be subpoenaed.
 - **2.** The <u>full and complete</u> physical address (post office box will not suffice) of the person. Also, the county or city of that location must be specified. For example:

Leslie K. Doe, Jr., R.N. Short Pump Hospital 6606 West Broad Street, 4th floor Richmond, Virginia 23230-1717 County of Henrico

- **B.** Requests for documents or papers, etc. (generally a subpoena duces tecum) must include the following:
 - **1.** The <u>full and complete</u> name of the person who is the custodian of the requested material. If the name is not known, use "Records Custodian."
 - 2. A <u>complete and specific</u> description of the records, papers, etc. being requested. For example: "All dental records associated with the treatment of Leslie K. Doe, Jr., R.N., between April 1, 1990 and October 31, 1991, including radiographs, models, impressions, notes, billing and payment records."
 - **3.** The <u>complete</u> physical address of the person who is the custodian of these records. See A.2. above.
 - 4. The name and address of the person to whom the records shall be delivered.
 - 5. The date by which the records shall be delivered (the "return date").
 - 6. For subpoenas for health records, the requester must provide a copy of the request to counsel for the other party, or to the other party if <u>prose</u>, and if the request is for the health records of a non-party witness, to the non-party witness as well. Proof of such notice must be attached to the subpoena request.
- **C.** The Department advises that requests be made as soon as possible after the notice of the proceeding is received. The failure to obtain documents or secure a witness's attendance, resulting from inadequate time, might not be sufficient grounds to continue a hearing before a Board.

The subpoena will be issued on the basis of the information provided by the party who requests the subpoena. The Department will not undertake to correct incorrect information or supplement incomplete information provided. The Department assumes no responsibility for delays or failure of service caused by such incorrect or incomplete information. Furthermore, the Department cannot assure or guarantee issuance and completion of service by the return date.

If service is to be made by a private process server or by an agency or entity other than the sheriff's office where the person or custodian is to be served, those arrangements are the sole responsibility of the requesting party. The Department must be made aware of these arrangements at the time the subpoena request is made.