

STATE OF ILLINOIS  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
ADMINSTRATIVE HEARINGS UNIT

**SUBPOENA REQUEST FORM FOR TESTIMONY**  
(must be received at least 14 days prior to hearing)

**TO:** Debra Martin, DCFS Administrative Hearings Unit Chicago  
**Facsimile:** 312/814-5602  
**Email:** [DCFS.Efiling@illinois.gov](mailto:DCFS.Efiling@illinois.gov)

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**DATE REQUESTED:**

**REQUESTOR:**

**CASE NAME:**

**SCR#:**

**DKT#:**

**AHU#:**

**HEARING DATE:**

**HEARING TIME:**

**HEARING LOCATION:**

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Please issue a subpoena to the following persons for the following times on the date of the hearing:

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone:**