

SUBPOENA
BY THE AUTHORITY OF THE HOUSE
OF REPRESENTATIVES OF THE STATE OF MICHIGAN

To Elizabeth Hertel, Director of the Michigan Department of Health & Human Services

You are hereby commanded, at the date and time specified below, to

() Appear and testify before the House Oversight Committee in Room H-352 of the Michigan Capitol, 100 N. Capitol Ave, Lansing, Michigan 48933

() Appear and testify before the House Oversight Subcommittee on _____ in Room ____ of the House Office Building, 124 N. Capitol Ave, Lansing, Michigan 48933

() Appear and testify at a deposition on matters before the Oversight Committee in Room ____ of the House Office Building, 124 N. Capitol Ave, Lansing, Michigan 48933

() Produce the things identified on the attached Schedule A at Room S-821 of the House Office Building, 124 N. Capitol Ave, Lansing, Michigan 48933

Date and time of appearance, testimony, and/or production: September 9, 2025, at 9:00 a.m.

Questions regarding this subpoena may be directed to:

Catherine Edwards
Deputy General Counsel
Michigan House of Representatives
517-373-5070
cedwards@house.mi.gov

Rep. Jay DeBoyer
Chair, House Oversight Committee

Signed or attested to by _____ before me on the _____ day of July, 2025.

Signature _____
Printed name _____
Notary public, State of Michigan, County of _____
My commission expires _____
Acting in the County of _____

PROOF OF SERVICE
OF SUBPOENA ISSUED BY THE AUTHORITY OF THE HOUSE
OF REPRESENTATIVES OF THE STATE OF MICHIGAN

Subpoena issued to:

Elizabeth Hertel, Director of the Michigan Department of Health & Human Services

Address: 320 S. Walnut St., Lansing, MI 48933

To appear and testify before the House Oversight Committee on:

Tuesday, September 9, 2025, at 9:00 a.m.

Served by (print name) _____

Title _____

Manner of Service _____

Date July _____, 2025

Signature of Server _____

Address _____

ACKNOWLEDGEMENT OF SERVICE
OF SUBPOENA ISSUED BY THE AUTHORITY OF THE HOUSE
OF REPRESENTATIVES OF THE STATE OF MICHIGAN

I acknowledge that I have received service of a copy of the subpoena, together with

None
Attachments (if any)

on _____
Date and time

Signature

on behalf of Elizabeth Hertel
Director, MDHHS

Name (type or print)