

**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](mailto: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)

MCL 4.82, MCL 4.83,  
MCL 4.101, MCL 4.541  
House Resolution 1 of 2025