

Regarding the matter of:

_____, Case No. _____
Petitioner/Plaintiff,
vs. **WITNESS AND**
_____, **EXHIBIT LIST**
Respondent/Defendant.

I am the Petitioner/Plaintiff or Respondent/Defendant in this case.

MY LIST OF WITNESSES: Here is a list of the people I want to call as witnesses in my case to tell the judge what they know about my case.

1. Name of Witness: _____
Phone # _____ Address of Witness: _____

2. Name of Witness: _____
Phone # _____ Address of Witness: _____

3. Name of Witness: _____
Phone # _____ Address of Witness: _____

4. Name of Witness: _____
Phone # _____ Address of Witness: _____

5. Name of Witness: _____
Phone # _____ Address of Witness: _____

Additional witnesses are listed on a separate page.

All witnesses listed by the other party(ies).

I reserve the right to add to my list of witnesses if I learn about a witness that

I did not know about when I filed this list of witnesses.

MY LIST OF EXHIBITS: Here is a list of the documents I want the judge to consider at my trial.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional exhibits are listed on a separate page.

Any and all exhibits listed by the other party.

I reserve the right to add to my list of exhibits if I learn about the existence of an exhibit after I have filed this list of exhibits.

I state under penalty of perjury that the statements and information provided above are true and Correct.

Signature: _____ Date: _____

Printed Name: _____

(of individual filing this list)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:

Bar Number: _____

CERTIFICATE OF MAILING

I, _____, swear or affirm, under the penalties of perjury, that on _____, I mailed copies, by first-class mail, postage pre-paid, to the other party or his/her attorney at the following address :

Name:

Address:

Signature: _____ Date: _____

Printed Name: _____

Print or Type Name of individual filing this list

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:

Bar Number: _____