

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: _____
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**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: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of individual filing this list Street Address/P.O. Box

\_\_\_\_\_  
Bar Number and Firm Name (attorneys only) City/State/ZIP Code

\_\_\_\_\_  
Phone(s) Email Address(es)