
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

NOTICE OF INTENT TO PRODUCE
TESTIMONY AND CROSS EXAMINE

TO: All Parties:

I plan to call witnesses, produce evidence, and cross examine the opposing party and the
opposing party's affiants/witnesses at the hearing set for:

_____, 20____, at the hour of _____ o'clock, a.m./p.m.

Date

Typed/printed Name of Party

Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case other than yourself)

(Name)

By Mail

(Street or Post Office Address)

By fax to (number) _____

(City, State, and Zip Code)

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By Mail

By fax to (number) _____

By personal delivery

DATE: _____ 20 ____.

Signature