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City, State and Zip Code

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Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR 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 Signature

CERTIFICATE OF SERVICE

I certify that on (date) I served a copy to: (name all parties in the case other than yourself)

|  |  |
| --- | --- |
|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
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|  (Name) (Street or Post Office Address) (City, State, and Zip Code) | * By United States mail
* By personal delivery
* By fax (number)
 |
|  Typed/printed name |  Signature |