Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

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) |
| (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 |