

\_\_\_\_\_  
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 OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE STATE OF  
IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff/Petitioner,  
  
vs.  
  
\_\_\_\_\_,  
Defendant/Respondent.

Case No. \_\_\_\_\_

WITNESS LIST

(Your name/s) \_\_\_\_\_, (check one of the following  
boxes)  Plaintiff / Petitioner or  Defendant / Respondent, submits the following witness list in  
anticipation of trial.

Witness No. \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of what this person will tell the judge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness No. \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of what this person will tell the judge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness No. \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of what this person will tell the judge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness No. \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of what this person will tell the judge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness No. \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of what this person will tell the judge: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I may also call any party to the case or witnesses listed by the other party / parties.  
I reserve the right to add to my list of witnesses if I learn about another witness that I did not know about when I filed this list of witnesses.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
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 mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature