
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)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature