
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

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

_____,
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