

**—DO NOT FILE WITH THE COURT—**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):	TELEPHONE NO.:
ATTORNEY FOR ( <i>Name</i> ):	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
<b>REQUEST FOR STATEMENT OF WITNESSES AND EVIDENCE</b>	CASE NUMBER:
<b>Requesting Party (<i>name</i>):</b>	
<b>Responding Party (<i>name</i>):</b>	

Under Code of Civil Procedure section 96, you are requested to serve on the undersigned, within 20 days, a statement of:

1. The names and street addresses of witnesses you intend to call at trial (except for any individual who is a party to this action).
2. A description of each document that you intend to offer at trial. Attach a copy of each document available to you.
3. A description of each photograph and other physical evidence you intend to offer at trial.

Witnesses and evidence that will be used only for impeachment need not be included.

**YOU WILL NOT BE PERMITTED TO CALL ANY WITNESS OR INTRODUCE ANY EVIDENCE NOT INCLUDED IN YOUR RESPONSE TO THIS REQUEST, EXCEPT AS OTHERWISE PROVIDED BY LAW.**

Date:

.....  
(TYPED OR PRINTED NAME)

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(SIGNATURE OF PARTY OR ATTORNEY)