

1 Code: 2592

2 Name: _____

3 Address: _____

4 Phone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____,

11 Plaintiff/Petitioner,

Case No. _____

12 Dept. No. _____

13 vs.

14 _____,

15 Defendant/Respondent.

16 _____/

17 LIST OF WITNESSES

18 **Provide a list of the people you intend to have testify at the upcoming trial**
19 **or evidentiary hearing. Include yourself if you intend to testify. Follow the**
20 **instructions in your court order on timelines for notifying other parties**
21 **about potential witnesses and how the witnesses can appear.**

22 If more room is needed, attach additional sheets.

23 I intend to call the following witnesses in this matter:

24 1. Name of witness: _____

25 Address of witness: _____

26 Phone number of witness: _____

27 Witness's relationship to you or role/job title: _____

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The witness is expected to testify about the following topics: _____

2. Name of witness: _____

Address of witness: _____

Phone number of witness: _____

Witness's relationship to you or role/job title: _____

The witness is expected to testify about the following topics: _____

3. Name of witness: _____

Address of witness: _____

Phone number of witness: _____

Witness's relationship to you or role/job title: _____

The witness is expected to testify about the following topics: _____

4. Name of witness: _____

Address of witness: _____

Phone number of witness: _____

Witness's relationship to you or role/job title: _____

The witness is expected to testify about the following topics: _____

5. Name of witness: _____

Address of witness: _____

Phone number of witness: _____

Witness's relationship to you or role/job title: _____

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The witness is expected to testify about the following topics: _____

_____ (*Initials*) I understand that if I file this witness list late, the witnesses might not be allowed to testify.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Dated this (*day*) _____ day of (*month*) _____, 20____.

Submitted by: (*Your signature*) _____

(*Print your name*) _____