Mailing Address: City, State, and Zip Code: Phone Number: Email Address: ATLAS Number (if applicable): State Bar Number (if applicable): Representing: Self (Without a Lawyer) OR OR Respondent	Attorney for Petitioner
	OURT OF ARIZONA VE COUNTY
	Case Number:
Name of Petitioner/Plaintiff	WITNESS AND EXHIBIT LIST
	Assigned to:
Name of Respondent/Defendant	Judge's Name
	oner/Plaintiff or Respondent/Defendant in this case. eople I want to call as witnesses in my case, to tell the
Petitioner/Plaintiff.	
2. Respondent/Defendant.	
3. All witnesses listed by the other party/parties.	
4. My Witnesses:	
a) Name of Witness:	
Address of Witness:	
Phone # of Witness:	
Description of what this person will tell the judge	:
b) Name of Witness:	
Phone # of Witness:	
Description of what this person will tell the judge	:

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ر	c) Name of Witness:					
	Phone # of Witness:					
		I the judge:				
	,					
	Address of Witness:Phone # of Witness:					
		I the judge:				
	reserve the right to add to my list of when I filed this list of witnesses.	witnesses if I learn about another witness that I did not know about				
_						
	HAVE SUBMITTED MY EVIDENCE	THROUGH THE DIGITAL EVIDENCE PORTAL, CaseLines.				
NAV I	LIST OF EVHIDITS. Here is the list	t of decuments I want the judge to review at my trial				
1. 1.		t of documents I want the judge to review at my trial.				
1. 2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.	AND ANY AND ALL EXHIBITS L	ISTED BY THE OTHER PARTY.				
13.	13. I reserve the right to add to my list of exhibits if I learn about the existence of another exhib after I have filed this list of exhibits.					
I stat	te under penalty of perjury that the	statements and information provided above are true and correct				
	Today's Date	Signature of Person Filing Document				

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Case No._____

Case No.			

I PROMISE UNDER OATH THAT I AM DOING THE FOLLOWING THINGS:

1.	I am filing the ORIGINAL of my "Witness and Exhibit List" with the Clerk of Superior Court in Mohave
	County on this date: (month, day, and year)
2.	I am providing a COPY of my "Witness and Exhibit List" on this date: to the other party or his or her attorney at the following address: (month, day, and year)
	Name of other party or his/her attorney:
	Address:
	City, State, Zip Code:
	Signed: (You must sign here to confirm to the Court that you are doing these things.)

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