Code: 2592
Name: _____
Address: _____
_____
Telephone: _____
Email: _____
Self-Represented Litigant

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

_____, Plaintiff / Petitioner,

Case No. _____

Dept. No. _____

vs.

_____, Defendant / Respondent.
_____/

LIST OF WITNESSES

Provide a list of the people you intend to have testify at the upcoming trial or evidentiary hearing. Include yourself if you intend to testify. Follow the instructions in your court order on timelines for notifying other parties about potential witnesses and how the witnesses can appear.
If more room is needed, attach additional sheets.

I intend to call the following witnesses in this matter:

1. 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:
   _____
   _____

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: _____
   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.

Date: _____ Your signature: _____

Print your name: _____