

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	
TELEPHONE NO.:	FAX NO. (<i>Optional</i>):
E-MAIL ADDRESS (<i>Optional</i>):	
ATTORNEY FOR (<i>Name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
REQUEST FOR STATEMENT OF WITNESSES AND EVIDENCE— FOR LIMITED CIVIL CASES (UNDER \$25,000) Requesting Party (<i>name</i>): Responding Party (<i>name</i>):	CASE NUMBER:

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 Statement in Response To This Request, Except As Otherwise Provided By Law.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PARTY OR ATTORNEY)