Mailing Address: City, State, and Zip Code: Phone Number: Email Address: AZCARES Number (if applicable): State Bar Number (if applicable): Representing: Self (Without a Lawyer) O OR Respondent	
000.	HAVE COUNTY
	Case Number:
Name of Petitioner/Plaintiff	WITNESS AND EXHIBIT LIST
	Assigned to:
Name of Respondent/Defendant	Judge's Name
	Petitioner/Plaintiff or Respondent/Defendant in this case. the people 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/partie	es.
4. My Witnesses:	
a) Name of Witness:	
Address of Witness:	
Phone # of Witness:	
Description of what this person will tell the j	judge:
b) Name of Witness:	
Address of Witness:	
Phone # of Witness:	
Description of what this person will tell the j	iudge:

2025 Page 1 of 3

	escription of what this person will tell the judge:			
d)) Name of Witness:			
Α	ddress of Witness:			
Р	hone # of Witness:			
	Description of what this person will tell the judge:			
8. lı	reserve the right to add to my list of witn	nesses if I learn about another witness that I did not know about		
	hen I filed this list of witnesses.			
	HAVE CUDMITTED MY EVIDENCE TH	ROUGH THE DIGITAL EVIDENCE PORTAL, CaseLines.		
<u></u> ''	HAVE SUBMITTED MIT EVIDENCE IN	ROUGH THE DIGITAL EVIDENCE FOR TAL, CaseLines.		
MY L	LIST OF EXHIBITS: Here is the list of	documents I want the judge to review at my trial.		
1.		accuments than the judge to remain at my main		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.	AND ANY AND ALL EXHIBITS LIST	TED BY THE OTHER PARTY.		
13.	 I reserve the right to add to my list of exhibits if I learn about the existence of another exhibit after I have filed this list of exhibits. 			
l state	e under penalty of perjury that the sta	atements and information provided above are true and correct		
	Today's Date	Signature of Person Filing Document		

Page 2 of 3

2025

Case No.____

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

1.	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:		
	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 the	ese things.)	

2025 Page 3 of 3