UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

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| --- | --- |
| [PLAINTIFF’S NAME],  Plaintiff,  v.  [DEFENDANT’S NAME],  Defendant. | Case No.  **[PLAINTIFF’S/DEFENDANT’S] WITNESS LIST** |
|  |  |

| **Witness’s Name\*, Title, Affiliation (If Relevant)** | **Summary of Testimony / Why Testimony Is Unique** | **Direct Exam (Hours)** | **Cross Exam (Hours)** | **Dates of Testimony** |
| --- | --- | --- | --- | --- |
| Jane Doe, Supervisor, Employer, Inc. | Will Testify what she saw at accident. Unique in that she is the only eyewitness | 2 hours | 1 hour | [Leave blank. To be filled in during trial] |
|  |  |  |  |  |

\*Indicates that witness will be called only if the need arises.