

**Form 8**

Trial Witness List

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

_____ ,	§	
	§	
Plaintiff,	§	
	§	
v.	§	Civil No. _____
	§	
_____ ,	§	
	§	
Defendant.	§	

**TRIAL WITNESS LIST OF [PARTY]**

No.	Witness Name	Witness Address
1.		
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>	
2.		
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>	
3.		

	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>
4.	
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>
5.	
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>
6.	
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>
7.	
	<input type="checkbox"/> Live <input type="checkbox"/> Deposition <input type="checkbox"/> Fact <input type="checkbox"/> Expert <input type="checkbox"/> Record Custodian <i>Brief description of witness capacity and testimonial topics:</i>

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Date

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[Signature Block]