

Orleans Parish Criminal Court

Defense Witness List

Case No. _____

Section: _____

Defendant (s) Name	
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Please type or print clearly. Provide COMPLETE and ACCURATE address information.

Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____	Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____
Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____	Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____
Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____	Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____
Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____	Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____
Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____	Name _____ Address _____ Apt. # _____ PO BOX _____ City/State _____ Zip _____

Clerk of Court: Please file this Defense Witness List relative to the criminal case noted above.

Attorney-of-Record (Please print) _____ Bar # _____ Contact Number: _____	Attorney-of-Record (Signature) _____ Date: _____
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