

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

THE STATE OF KANSAS

Case No. _____

vs.

_____ [Name]
Defendant
[If available]

**NOTICE OF HEARING ON REQUEST FOR DISCLOSURE
OF AN AFFIDAVIT OR SWORN TESTIMONY**

The court will hold hearing on this matter on _____ day of _____,
20____, at ____:____ a.m. p.m. at the _____
County Courthouse, in division _____ \ room _____.

Date

Clerk of the District Court

Clerk's Seal

By _____
Deputy

CERTIFICATE OF SERVICE

I certify that I have served a true and correct copy of this notice in the following manner:

(1) Personal Service. By delivering a copy of the request to each of the following persons on the dates indicated:

_____, _____, _____
_____, _____, _____
_____, _____, _____
(Name) (Date)

(2) Mail Service. By mailing on the _____ day of _____, _____, a copy of this request by first class mail to each of the following persons at the following addresses:

(3) Telefacsimile communication. By faxing on the _____ day of _____, _____, at _____ o'clock __.m., a copy of this request to the following persons: _____

Number of transmitting machine: _____
Number of receiving machine: _____

(4) Internet electronic mail. By e-mailing on the _____ day of _____, _____, at _____ o'clock __.m., a copy of the request to the following persons at the following e-mail addresses:

Transmitting person's e-mail address: _____

EXECUTED on _____, _____.

Signature
Deputy Clerk or Clerk of the Court