Information or instructions: Notice of intention to take oral Deposition with a request for production of documents at the deposition.

1. The following form is similar to the notice of intention to take an oral deposition form except that this notice includes a requirement that the person being deposed bring letters, reports, correspondence, memorandum, or other documents relating to the subject matter. See Texas Rules of Civil Procedure Rules 197-200.

Form: Notice of intention to take oral deposition with a request for production documents at the deposition

CAUSE NUMBER	

Name PLEASE DO NOTE Typ of Guil Port

[Court number]

vs. [Name], DEFENDANT

OF [NAME], COUNTY, TEXAS

NOTICE OF INTENTION TO TAKE ORAL DEPOSITION AND PRODUCE DOCUMENTS AT DEPOSITION

To: [Deponent's Name (the name of the party being deposed] by and through [his or her] attorney of record Name in Astres of the appney]:

- 1. Counsel of record for [Client's name] shall take the oral deposition of the following person [Deponent's Name] at the following date, time, and place:
- 2. Deponent: [Deponent's Name];
- 3. Date: [Date];
- 4. Time: [time];
- 5. Place: [Firm Name Advess and Relephore Lumber];
- 6. The deposition shall begin at the date and time stated above and shall continue day to day until completed.

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- 7. The Deponent is required to produce for examination and duplication at the oral deposition, the documents and other requested items which are identified in Exhibit "A" which is attached to this notice.
- 8. You are notified that:

The testimony of the deponent shall be recorded and transcribed by a court reporter;

The transcription of the deposition prepared by the court reporter may be introduced into

evidence upon the trial of this lawsuit and NOT COPY
You may obtain a transcript of this oral deposition from Name of court reporter or reporting

service], court reporters upon payment of the requested transcription fee.

Respectfully Submitted,	
[Law Firm Name]	

THIS DOCUMENT

[Attorney's Name]

Attorney for [Plaintiff, Defendant or Movant]
[Attorney's Address]
[Telephone Number]
[Facsimile Number]
[Bar Card Number]

CERTIFICATE OF SERVICE

I certify that a true and corfe	et copy of the for goi	pleading of docu	nent has been served upon al orney on
attorneys of record and any	paraes who are not re	presented by an at	orney on

Attorney for: [Other attorney's client's name]

Attorney's name: [Other attorney's name]
Attorney's address [Other attorney's address]

Type SergicgalFormsFor U.S. Mail, Certified Return Receipt Request No	Cexas.	Com
U.S. Mail, Certified Return Receipt Request No		



[Attorney's signature]

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

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