

[Your Name/Law Firm]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Opposing Counsel Name]

[Opposing Law Firm]

[Address]

[City, State, Zip Code]

RE: [Case Name]

Case Number: [Case Number]

Dear [Opposing Counsel Name],

PLEASE TAKE NOTICE that, pursuant to the [Applicable Rules of Civil Procedure], the undersigned will cross-examine the witness, **[Witness Name]**, at the deposition originally noticed by **[Original Noticing Party]**.

The deposition is scheduled to take place at the following date, time, and location:

Date: [Date of Deposition]

Time: [Time of Deposition]

Location: [Physical Address or Virtual Platform Link]

The deposition will be recorded by [Method of Recording, e.g., stenographic means, video, or both] and will continue from day to day until completed. You are invited to attend and participate as permitted under the law.

Sincerely,

[Your Signature]

[Your Printed Name]

Counsel for [Your Client's Name]

cc: [List of other counsel of record]