

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____, Plaintiff, vs. _____, Defendant.		Civil Action Case Number _____
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REQUEST FOR PRODUCTION OF DOCUMENTS

TO: _____
[employer's name]

[employer's address]

You are hereby requested under O.C.G.A. §9-11-34(c) to produce the following documents, within 30 days from the date of this request, at _____.
[plaintiff's address]

1.

All employment contracts or agreements, memoranda or correspondence between the Defendant (SSN) _____ and _____
[defendant's social security number] *[employer's name]*
concerning the past, current and future employment status of the Defendant with _____
[employer's name] from January 1, 20__ to the date of this request.

2.

All payroll records reflecting payments of salary, wages, bonuses and other compensation of any nature to the Defendant from January 1, 20__ to the date of this request.

3.

All documents, receipts and vouchers reflecting funds or other consideration provided to the Defendant, directly or indirectly, for reimbursement, remuneration or otherwise as an expense account or reimbursed expenses from January 1, 20__ to the date of this request.

4.

All records of benefits paid to or expenses paid in behalf of the Defendant by _____, including but not limited to, retirement plans, company *[employer's name]* savings plans, incentive plans, buy/sell agreements or stock options from January 1, 20__ to the date of this request.

5.

All monthly statements and records, receipts and year-end summaries for all charge card accounts in the name of the Defendant or which are paid for, in whole or in part, on his behalf, by _____ from January 1, 20__ to the date of this request. *[employer's name]*

6.

All documents which reference the terms, conditions, benefits or balances of any retirement plan, profit sharing plan, stock purchase plan, company savings plan or deferred compensation plan through _____, in which the Defendant has *[employer's name]* participated from January 1, 20__ to the date of this request.

7.

All documents which reference the terms, conditions or benefits of any life, disability or health insurance available to the Defendant through _____, *[employer's name]*

including but not limited to, plan descriptions, a list of enrolled dependents and the cost to the Defendant for coverage.

Dated: _____

Plaintiff, Pro se *[Signature]*

Name: _____

Address: _____

Phone: _____