IN THE	E SUPERIOR C	OURT (OF	COUNTY
	ST	ATE OI	F GEORG	GIA
)	
Plai	ntiff,	,)	
)	
V.) Civil A	ction File No.
		,)	
Defe	endant)	
)	
REO	UEST FOR PR	ODUCI	ON OF	DOCUMENTS AND
ıızy			O PRODI	
TO:				
Employer's	Name			
Employer's	Address			
NOW COME				D1 :
NOW COMES	and files this h	is/her R	equest for	, Plaintiff or Production of Documents pursua
to the provisions of	O.C.G.A. § 9-1	1-34(c).	You are re	equested to produce within 30 day
				ying by Plaintiff at the following
location:				
				ou are also served with this Notice
				are required to produce the leposition, upon the hearing of ar
				d upon any trial of this cause.
Definitions: Vour	a mn layaa			DV
Definitions: Your	employee,	[Social Sec	urity Number]	is the \square Plaintiff/ \square Defendant in
this action. He/				
The documents and	l records which x	/OII are n	otified an	d requested to produce are as
follows:	riccords willell y	ou are II	ounce all	a requested to produce are as
			1.	
All employ	ment contracts or	r agreem	ents, men	noranda or correspondence between
the Employee (SSN	1)		and _	
	[Employee's Social	Security Nu	mber]	[Employer's Name]

All payroll records reflecting payments of salary, wages, bonuses and other
compensation of any nature to the Employee from January 1, [Year] to the date
of this request.
3.
All documents, receipts and vouchers reflecting funds or other consideration
provided to the Employee, directly or indirectly, for reimbursement, remuneration or
otherwise as an expense account or reimbursed expenses from January 1, [Year]
to the date of this request.
4.
All records of benefits paid to or expenses paid in behalf of the Employee by
[Employer's Name], including but
not limited to, retirement plans, company savings plans, incentive plans, buy/sell
agreements or stock options from January 1, [Year] 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 [Employer's Name] from January
1,[Year] to the date of this request.
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 [Employer's
Name], in which the Employee has participated from January 1, [Year] to the date
of this request.

7.

All documents which reference the	e terms, conditions or l	benefits of any life,
disability or health insurance available to	the Employee through	
[Employer's	Name], including but no	ot limited to, plan
descriptions, a list of enrolled dependents	- /	, T
RESPECTFULLY SUBMITTED, this	day of	, 20
\Box Plaintiff or \Box Defendant <i>pro se</i>		
Address:		
Addiess.		
Telephone Number(s):		