

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Petitioner, Civil Action  
vs. Case Number \_\_\_\_\_  
\_\_\_\_\_,  
Respondent.

**REQUEST FOR PRODUCTION OF DOCUMENTS**

TO: \_\_\_\_\_  
[employer's name]  
\_\_\_\_\_  
[employer's address]  
\_\_\_\_\_  
[employer's City, State ZIP]

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, to the requesting party, whose name and address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.

All requests made herein are concerning your employee, agent, contractor, in whatever capacity he/she engages in activities on behalf of your company for hire, wages, or other compensation. The employee/contractor/agent is identified as follows:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number (last 4 digits): \_\_\_\_\_

Hereinafter, the employee/contractor/agent is referred to as "above-named employee."

2.

All employment contracts or agreements, memoranda or correspondence between your company and the above-named employee concerning the past, current and future employment, contractor, or agent status of the above-named employee from January 1, 20\_\_\_\_ to the date of this request.

3.

All payroll records reflecting payments of salary, wages, bonuses and other compensation of any nature to the above-named employee from January 1, 20\_\_\_\_ to the date of this request.

4.

All documents, receipts and vouchers reflecting funds or other consideration provided to the above-named employee, 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.

5.

All records of benefits paid to or expenses paid in behalf of the above-named employee by your company, including but not limited to, retirement plans, company savings plans, incentive plans, buy/sell agreements or stock options from January 1, 20\_\_\_\_ to the date of this request.

6.

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 your company from January 1, 20\_\_\_\_ to the date of this request.

7.

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 your company, in which the above-named employee has participated from January 1, 20\_\_\_\_ to the date of this request.

8.

All documents which reference the terms, conditions or benefits of any life, disability or health insurance available to the Defendant through your company, including but not limited to, plan descriptions, a list of enrolled dependents and the cost to the above-named employee for coverage.

Dated: \_\_\_\_\_

Petitioner     Respondent    *[signature]*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SUPERIOR COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Petitioner, Civil Action  
vs. Case Number \_\_\_\_\_  
\_\_\_\_\_,  
Respondent.

**CERTIFICATE OF SERVICE**

This certifies that I served \_\_\_\_\_ and counsel for the  
*[employer's name]*  
opposing party with a copy of the foregoing **Request for Production of Documents** by placing  
a copy in the U.S. Mail, with adequate postage, addressed as follows:

**Employer:**

**Opposing Party:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
City, State ZIP

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner     Respondent    *[signature]*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_