

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

Plaintiff,		Civil Action
v.		File No.:
Defendant.		

REQUEST FOR PRODUCTION OF DOCUMENTS

TO: _____
Non-party's name (bank, insurance company, etc.)

Non-Party's Address

City, State ZIP

You are requested pursuant to O.C.G.A. § 9-11-34(c) to produce the documents indicated below (by the corresponding check mark) for inspection and copying by the Plaintiff Defendant, withing 30 days from the date of this request, at his/her address as follows:

Name of Person Completing this Request

Address

City, State ZIP

1.

The identifying information for the person holding accounts, instruments, or other property with your firm/entity is as follows:

Name of account holder

Address

City, State ZIP

Last 4 digits of Social Security Number

Telephone Number

This person is the Plaintiff Defendant in the above-referenced civil action case file, hereinafter referred to as “Party” or “Party identified in Paragraph #1.”

2. – Identity of Financial Deposit Accounts

All records of checking accounts, savings accounts, cash management accounts, certificates of deposit, investment and money market accounts, maintained by the party identified in Paragraph #1 as trustee or custodian for any other person or persons, included but not limited to monthly statements, cancelled checks, deposit slips, check registers, passbooks and any other records. This request is limited to the following dates: _____ through _____.

3. Identity of Consumer/Business Credit Accounts

All monthly credit and charge statements and the balance due on any credit cards or charge accounts maintained by the Party identified in Paragraph #1 or regularly used by that party as a joint account holder or authorized user, including but not limited to, any

accounts maintained by said party, or any other person or entity as co-owner or beneficiary, or in the name of said Party's employer. This request is limited to the following dates: _____ through _____.

4. Identity of Retirement Assets

All records and other tangible evidence relating to any profit-sharing plan, pension plans, Keogh plans, Individual Retirement Accounts, stock ownership plans, 401(k) plans, and any other deferred compensation or retirement plans of any nature in which the Party identified in Paragraph #1 has any interest. This request is limited to the following dates: _____ through _____.

- (a) Any quarterly, semi-annual, and annual statements of your interest and account as participant of any such plan;
- (b) Any forms of the Form 5500 Series (Annual Return/Report of Employee Benefit Plan) filed by the trustee or administrator of such plan with the Internal Revenue Service for the last two years;
- (c) Any Summary Plan Description or similar document containing the terms and conditions under which the plan is maintained;
- (d) Any statements showing the assets held in, or purchased or sold by, each of the plans in which you have an interest or account and the value of these assets as of the most recent valuation date;

- (e) Any documents reflecting the present beneficiaries of the Party's interest in any and all such plans.

5. Identity of Insurance Benefits

All medical and/or dental insurance policies, life insurance policies, insuring the Party identified in Paragraph #1, or naming the Party as a beneficiary individually and/or jointly with any other person or persons, or owned by the Party as well as all premium notices and correspondence received by you in the last year in connection with the same. This request is limited to the following dates: _____ through _____.

Dated: _____

Petitioner/Plaintiff Respondent/Defendant *Pro se*

Name: _____

Address: _____

City, State ZIP

Phone: _____

Email: _____

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CERTIFICATE OF SERVICE OF DISCOVERY ON A NON PARTY

This certifies that I served the opposing party and non-party listed below with a copy of the foregoing *Request for Production of Documents* by depositing the same in the United States Mail with adequate postage, addressed as follows:

Party's Information:

Non-party's information:

First Name, Last Name of Opposing Party/Attorney

Non-party's name

Opposing Party's Address/Attorney's Address

Non-party's Address

City, State ZIP

City, State ZIP

Dated: _____

 Plaintiff Defendant *Pro se*

Name: _____

Address: _____

City, State ZIP

Phone: _____

Email: _____

HOW TO FILE THIS DISCOVERY REQUEST

- 1. Make 3 copies of this completed form.

- 2. File the original request with the Clerk of Superior Court.

- 3. Mail one copy to the non-party (employer, bank, insurance company, etc.) and one copy to the opposing party's attorney or directly to the opposing party if they are not represented by an attorney. The other copy is for your records.
 - It is recommended you send the request via United States Certified Mail, Return Receipt requested. However, you can also send this request by regular First Class mail.