## IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI **FAMILY COURT DIVISION**

☐ AT KANSAS CITY ☐ AT INDEPENDENCE

IN RE THE MARF	RIAGE OF:		)					
and	Petitioner,		) ) ) ) )	ase No.				
	Responder		)					
REQUES <sup>1</sup>	T FOR PROD		NDARD OF DOC				<u>GS</u>	
Pursuant	to Rule 5	58.01, N	/lissouri	Rules	of C	ivil	Proced	ure,
	is to produ	ce and pe	ermit cou	ınsel for			or	any
authorized agent	of		to insp	oect ar	id copy	/ the	follov	ving
documents in			's poss	ession,	custod	y or	contro	l at
a.m. on			at the la	aw office	s of			
located at					<u>-</u>			
		<u>Instru</u>	<u>ictions</u>					
This Reque	est for Produc	ction of D	ocument	ts is <u>cor</u>	ntinuing,	requi	ring yo	u to
timely update all d	ocuments wit	hin the sc	ope of th	is Requ	est acqu	ıired b	y you, <u>y</u>	your
attorneys, investig	gators, agents	s or othe	rs emplo	yed by	or acting	g on y	your be	half
following the origin	nal response	to this red	quest.					
a. Reg	arding any d	ocument	respons	ive here	eto whic	h was	s but is	s no
longer in your pos	session or sub	oject to yo	ur contro	ol, submi	t a state	ments	setting f	orth

as to each such document what disposition was made of it.

b. Produce the documents separately, as far as reasonably practical, according to each of the numbered paragraphs set forth below and indicate on each group of documents produced the paragraph to which the group is responsive.

## DOCUMENTS REQUESTED

- 1. Complete copies of your federal and state income tax returns for each year since the last support order, including all schedules, W-2's, 1099's, K-1's and all other attachments thereto, and if said tax returns are not filed timely by April 15<sup>th</sup>, for each such year, provide copies of all documents necessary to prepare said returns, and Form 4868 (Application for Extension).
  - 2. Copies of your last six pay stubs.
- 3. Any document that describes the procedures of your employer as to submission and approval relating to Qualified Medical Child Support Orders.
- 4. The latest health benefit plan statement of each health benefit plan in which you are enrolled.
- 5. The latest plan summary for each health benefit plan in which you are enrolled.
  - 6. The last paystub received in the previous calendar year.

(Attorney)	
ATTORNEY FOR	