

**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI**  
**FAMILY COURT DIVISION**  
 AT KANSAS CITY  AT INDEPENDENCE

<b>IN RE THE MARRIAGE OF:</b>	)	
	)	
_____,'	)	Case No. _____
Petitioner,	)	
and	)	
	)	
_____,'	)	
	)	
Respondent.	)	

**'S STANDARD MODIFICATION**  
**REQUEST FOR PRODUCTION OF DOCUMENTS AND THINGS**

Pursuant to Rule 58.01, Missouri Rules of Civil Procedure,  
 \_\_\_\_\_ is to produce and permit counsel for \_\_\_\_\_ or any  
 authorized agent of \_\_\_\_\_ to inspect and copy the following  
 documents in \_\_\_\_\_'s possession, custody or control at  
 \_\_\_\_\_ a.m. on \_\_\_\_\_ at the law offices of \_\_\_\_\_  
 \_\_\_\_\_ located at \_\_\_\_\_.

Instructions

This Request for Production of Documents is continuing, requiring you to timely update all documents within the scope of this Request acquired by you, your attorneys, investigators, agents or others employed by or acting on your behalf following the original response to this request.

a. Regarding any document responsive hereto which was but is no longer in your possession or subject to your control, submit a statement setting forth 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 \_\_\_\_\_