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Attorney for Defendant,
Stephen Boerner

MELISSA BEMER

:COURT OF COMMON PLEAS
:DELAWARE COUNTY, PA

v.

:
:FAMILY COURT DIVISION

STEPHEN BOERNER

:IN DIVORCE
:NO. 2024-007234

**REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TOWARDS
PLAINTIFF, MELISSA BEMER**

To: **MELISSA BEMER**
c/o Carolyn R. Mirabile, Esquire
700 American Avenue, Suite 206
King of Prussia, PA 19406

You are hereby notified that, in accordance with Pa.R.Civ.P. 4001 et seq., you are requested to produce the originals or clear, readable copies of the below listed documents and/or items. These documents and/or items will be examined and/or photocopied; photograph negatives will be processed and photographs produced, videotapes and audiotapes shall be viewed and/or heard and a copy made.

Please return a completed copy of the Request for Production of Documents to Maria N. Testa, Esquire, Testa & Pagnanelli, LLC, 325 Swede Street, Suite 201, Norristown, PA 19401 or by fax to 215-814-8998 or by e-mail to maria@tpfamilylaw.com on or before December 11, 2024.

DEFINITIONS AND INSTRUCTIONS

- A. "You" or "your" refers to Plaintiff herein.
- B. "Communications" shall mean all inquiries, discussion, conversations, negotiations, agreements, understandings, meetings, telephone conversations, letters, correspondence, notes, telegrams, telexes, advertisements, facsimiles, e-mail, or other forms of verbal and/or communicative intercourse.
- C. "Documents" shall mean all written or graphic matter of every kind or description, however, produced or reproduced, whether draft or final, original or reproduction signed or unsigned, and regardless of whether approved, signed sent, received,

- redrafted, or executed including but not limited to: written communications, letters, correspondence, facsimiles, e-mail, memoranda, bills, receipts, books, checkbooks, invoices, requisitions or material similar to any of the foregoing however denominated, by whomever prepared, and to whomever addressed, which are in your possession, custody, or control or to which you have had or can obtain access.
- D. Unless otherwise noted, the relevant time period of this document request is from on or about January 1, 2022 to the present.

REQUESTS

1. Copies of your federal and state individual/joint personal income tax returns, and any amendments thereto, including W-2 forms, 1099s and all attached schedules filed by you or jointly with another individual for 2022 to present.
2. Copies of any and all business and/or partnership tax returns from businesses you have, had or may have any ownership interest from 2022 until present.
3. True and correct copies of your income and earnings records from any sources of income, including but not limited to payroll stubs or wage statements, any and all commission statements issued by any employer, any and all 1099s issued by any person and/or entity for which you have performed services from January 1, 2022 to present.
4. A true and correct copy of the annual form issued by the Social Security Administration to you reflecting your income and payments made to Social Security during your history of employment. If not in your possession, please request from www.ssa.gov.
5. True and correct copies of any and all monthly bank statements including cancelled checks, check registries and/or stubs and deposit slips issued by any bank, savings institution, or other financial institution in which you have, had or may have any interest in and/or is in your name, individually or jointly with another person and/or entity, from January 1, 2022 to present.
6. True and correct copies of any and all loan applications and/or loan documents pertaining to any sums of money borrowed or to be borrowed by you individually or jointly with another person, or as a grantor from January 1, 2022 to present.
7. True and correct copies of any and all lease applications and/or lease documents pertaining to any lease for which you have applied and/or received, individually or jointly with another person or as guarantor from January 1, 2022 to present.

8. True and correct copies of any and all monthly statements and/or billing statements for the car lease or loan payment relative to the vehicle(s) you currently operate along with documentation showing payment for same from January 1, 2022 to present, including but not limited to payment stubs, cancelled checks, check registrars, credit card receipts or any documents evidencing payment of same.
9. Any and all documentation evidencing the source of funds for any and all deposits into any account which you have, had or may have any interest from January 1, 2022 to present.
10. True and correct copies of any and all monthly credit card statements and other charge account statements (including but not limited to MasterCard, Visa, American Express, Discover, department store cards, oil and gas companies, etc.) and supporting documentation of any and all accounts which are in your name individually or jointly with another person from January 1, 2022 to present.
11. A completed Income and Expense Statement (attached hereto as "Exhibit A") reflecting the monthly income and expenses you incur.
12. Any and all documentation related to the monthly mortgage payment and/or monthly rent for the residence in which you currently reside or have resided, and/or for any property you have an interest in from January 1, 2022 to present, including but not limited to cancelled checks, credit card receipts, check registers, etc.
13. Any and all documentation evidencing any and all rental income, and/or payment of the mortgage secured by the residence in which you currently reside by any third party, and/or payment of any of the utilities or debt associated with the home in which you reside by any third party, including but not limited to copies of checks received and/or paid, copies of bank records evidencing deposits of same and/or any and all other documentation evidencing same, as well as the name of any third party having paid same and/or living in the home in which you reside from January 1, 2022 to present.
14. Any and all documents evidencing tax-free income received by you at any time from January 1, 2022 to the present.
15. Any and all documentation evidencing any benefits, including but not limited to, any severance and/or incentive paid and/or offered to you from your past employer from January 1, 2022 to present.


16. Any and all life insurance policies, statements of cash value thereof and beneficiary designations from January 1, 2022 to present.
17. Any and all statements related to any investment and/or retirement account held by you, including but not limited to pension plan, profit sharing plan, 401(k), IRA, money market account, 403(b), showing the beginning balance of the account, the balance as of present or the closing of the account. Please provide statements for the preceding three (3) years.
18. List of all assets owned by you individually or jointly with another person/entity (and list the joint owner) currently and any assets in which you held an interest since January 1, 2022.
 - a. If you no longer possess an asset, provide any and all documentation relating to the sale, transfer and/ liquidation of same.
19. List of all assets owned by a corporation, partnership, limited partnership, family partnership, or other business entity in which you have, had or may have an interest in from January 1, 2022 to present and any assets in which you, through one of said business entities, held an interest in from January 1, 2022 to present which your or the business entity no longer possess.
20. Copies of all corporate records, including, but not limited to, accounts payable, accounts receivable, cash records, profit and loss statements, financial statements, monthly bank statements, monthly credit card statements, names of all employees, payroll reports for all employees and owners, leasing or financing agreements (equipment, including vehicles, real property, etc.), purchase documents, loan statements, certificate of organization and operating agreement, and related documents of copies of the articles of incorporation from January 1, 2022 to present for any and all corporations you have, had or may have an interest in.
21. Copies of any and all business credit card statements from January 1, 2022 to present.
22. All financial statements prepared by you or on your behalf from January 1, 2022 to present.
23. True and correct copies of any and all documentation evidencing the health, dental and vision care insurance covering you, your spouse and/or your child(ren) at any time from January 1, 2022 to present, including but not limited to any and all notices of cancellation of such coverage and communications relating to and/or referring to any such coverage and/or the cancellation and/or termination of same as well as

documentation evidencing the cost associated with the coverage available and/or provided.

24. Any and all documentation regarding any loans made by you or to you from January 1, 2022 to present.
25. Appraisal of any real or personal property in which you have or had an interest, individually or jointly with another person and/or entity.
26. Any and all agreements of sale, settlement sheets and other documentation relating to the purchase, sale or refinancing of real property or business for which you have or had an interest in, individually or together with another person and/or entity, from January 1, 2022 to present.
27. Copies of the titles from any and all real property owned or leased by you, individually or jointly with another person from January 1, 2022 to present.
28. Copies of any and all lease agreements for any and all properties owned by you, individually and/or together with another person and/or entity from January 1, 2022 to present.
29. Documentation of any and all rental income received by you and/or any business in which you have, had or may have an interest in from January 1, 2022 to present.
30. True and correct copies of Quicken records (or equivalent program) and/or check register for any entity in which you own and/or have owned an interest from January 1, 2022 to present.

NOTE: FOR PURPOSES OF THIS REQUEST FOR PRODUCTION OF DOCUMENTS, "DOCUMENT," "DOCUMENTATION," "RECORD," "FILE," AND "REPORT" ALL REFER TO AND CONTEMPLATE ALL WRITTEN, RECORDED, OR GRAPHIC INFORMATION, WHETHER PRESERVED IN WRITING, ON MAGNETIC TAPE, BY ELECTRONIC MEANS, IN PHOTOGRAPHIC FORM, OR MICROFILE OR MICROFICHE, COMPUTER DISC, WEBSITE OR BY ANY OTHER MEANS OF INFORMATION RETRIEVAL OR STORAGE.

DATE: 11.11.2024



Maria N. Testa, Esquire
Attorney for Defendant

County, Pennsylvania

Fax:

Please note: All correspondence must include the PACSES Case Number.

THIS FORM MUST BE FILLED OUT AND YOU MUST PROVIDE DOCUMENTS TO SUPPORT ALL AMOUNTS PROVIDED IN THIS INCOME STATEMENT

INCOME STATEMENT OF

I verify that the statements made in this Income Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

INCOME

Pay Period (weekly, biweekly, etc):

Other (specify) _____

Form IN-008 Rev. 2
Worker ID

Income Statement (Continued)

PACSES Case Number

Other Income:

	Week	Month	Year
	(Fill in Appropriate Column)		
Interest	\$ _____	\$ _____	\$ _____
Dividends	_____	_____	_____
Pension Distributions	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Rents	_____	_____	_____
Royalties	_____	_____	_____
Unemployment Comp.	_____	_____	_____
Workers Comp.	_____	_____	_____
Employer Fringe Benefits	_____	_____	_____
Other	_____	_____	_____
		\$ _____	\$ _____
TOTAL INCOME		\$ _____	

PROPERTY OWNED

Description	Value	Ownership*		
		H	W	J
Checking accounts	\$ _____	_____	_____	_____
Savings accounts	_____	_____	_____	_____
Credit Union	_____	_____	_____	_____
Stocks/bonds	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	\$ _____			

INSURANCE

Company	Policy No.	Coverage*		
		H	W	C
Hospital				
Blue Cross	_____	_____	_____	_____
Other	_____	_____	_____	_____
Medical				
Blue Shield	_____	_____	_____	_____
Other	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Other	_____	_____	_____	_____

*H=Husband; W=Wife; J=Joint; C=Child

SUPPLEMENTAL INCOME STATEMENT (You only need to complete the below portion if you are self-employed or if you are salaried by a business of which you are owner in whole or in part)

(a) This form is to be filled out by a person (check one):

- ☐ (1) who operates a business or practices a profession, or
- ☐ (2) who is a member of a partnership or joint venture, or
- ☐ (3) who is a shareholder in and is salaried by a closed corporation or similar entity.

(b) Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:

- (1) the most recent Federal Income Tax Return, and
- (2) the most recent Profit and Loss Statement.

(c) Name of business: _____

Address and telephone number: _____

(d) Nature of business

(check one)

- ☐ (1) partnership
- ☐ (2) joint venture
- ☐ (3) profession
- ☐ (4) closed corporation
- ☐ (5) other

(f) Annual income from business: _____

- (1) How often is income received? _____
- (2) Gross income per pay period: _____
- (3) Net income per pay period: _____
- (4) Specific deductions, if any: _____

County, Pennsylvania

Fax:

Please note: All correspondence must include the PACSES Case Number.

EXPENSE STATEMENT OF

(Pases Number)

Plaintiff or Defendant

2) You are requesting that the other party share in the following expenses pursuant to Rule 1910.16-6: child care expenses, health insurance premiums, unreimbursed medical expenses, private school tuition, summer camp, or other needs, or mortgage payment.

	Weekly	Monthly	Yearly
	(Fill in Appropriate Column)		
Mortgage (including real estate taxes and homeowner's insurance) or	\$	\$	\$
Health Insurance Premiums			
Unreimbursed Medical Expenses:			
Doctor			
Dentist			
Orthodontist			
Hospital			
Medicine			
Special Needs (glasses, braces, orthopedic devices, therapy)			

Guidelines Expense Statement (Continued)

PACSES Case Number

	Weekly	Monthly	Yearly
Child Care			
Private school			
Parochial school			
Loans/Debts			
Support of Other Dependents:			
Other child support			
Alimony payments			
Other: (Specify)			
Total	\$	\$	\$

EXPENSE STATEMENT OF

Statement for _____

PACSES Case Number _____

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Plaintiff or Defendant

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
HOME				MEDICAL			
Mortgage/Rent				Medical Insurance			
Maintenance				Doctor			
Lawn Care				Dentist			
2 nd Mortgages				Hospital			
				Medication			
UTILITIES				Counseling / Therapy			
Electric				Orthodontist			
Gas				Special Needs (glasses, etc.)			
Oil							
Telephone				EDUCATION			
Cell Phone				Tuition			
Water				Tutoring			
Sewer				Lessons			
Cable TV				Other			
Internet							
Trash/Recycling				PERSONAL			
				Debt Service			
TAXES				Clothing			
Real Estate				Groceries			
Personal Property				Haircare			
				Memberships			
INSURANCE							
Homeowners /				MISCELLANEOUS			
Renters				Child Care			
Automobile				Household Help			
Life				Summer Camp			
Accident/Disability				Papers/Books/			
Excess Coverage				Magazines			
Long-term Care				Entertainment			
				Pet Expenses			
AUTOMOBILE				Vacations			
Lease or Loan				Gifts			
Payments				Legal/Professional			
Fuel				Fees			
Repairs				Charitable			
Memberships				Contributions			
				Children Birthday			
				Parties			
				Children Allowances			
				Other Child Support			
				Alimony Payments			
TOTAL				TOTAL			
MONTHLY				MONTHLY			
EXPENSES				EXPENSES			