

_____ **Court of Washington**
County of _____

In re:

Petitioner(s)/Plaintiff,
and

Defendant(s).

Respondent(s)/

No.

**Sealed Medical and Health
Information (Cover Sheet)**
(_____)

Clerk's Action Required:
***Information Shall be Sealed
Automatically under GR 33(b)(2)***

Sealed Medical and Health Information

(Write "Sealed" at least one inch from the top of the first page of each document.)

Attached are records or correspondences that contain health information that relates to the past, present, or future physical or mental health condition of an individual and/or past, present, or future payments for health care.

Submitted by:

Signature

Print Name