

\_\_\_\_\_ 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