

_____ **Court of Washington**
County of _____

In re:

Petitioner(s)/Plaintiff,
and

Respondent(s)/Defendant(s).

No.

**Sealed Medical and Health
Information Cover Sheet under
GR 33
(SMHI)**

**Clerk's Action Required:
*Only the court and person
requesting accommodation may
have access to this information
without a court order***

(File in the proceedings file, if there is one, or the administrative file.)

Sealed Medical and Health Information

Attached are documents that contain information about the physical or mental health condition of a person requesting an accommodation under GR 33.

Submitted by:

Signature

Print Name