

**Clerk's Alert – March 13, 2013**

**In order to reduce the risk of misfiled documents and reduce the time for processing of sealed documents pursuant to GR 22 in Family Law and Guardianship Cases, the Clerk's Office will require A COPY of the cover sheet to be provided for filing in the public file. This change will be effective as of May 1, 2013.**

The appropriate cover sheet must be attached to the original document(s) for it to become sealed AND a separate copy of the cover sheet must be filed for the public file. This policy applies to the documents listed below.

Sealed Financial Source Document

Sealed Personal Health Care Records

Sealed Confidential Reports

Sealed Medical Health Information (Cover Sheet)

These cover sheet may be downloaded from Administrative Office of the Courts website from the court forms page: <http://www.courts.wa.gov/forms/?fa=forms.static&staticID=14>

**Superior Court of Washington  
County of**

In re:

and

Petitioner(s),

Respondent(s).

**No.**

**Sealed Financial Source  
Documents  
(Cover Sheet)  
(SEALFN)  
Clerk's Action Required**

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**Sealed Financial Source Documents**

(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

- ☐ Income Tax records
- ☐ Pay Stubs
- ☐ Credit Card Statements
- ☐ Bank statements
- ☐ Checks or the equivalent
- ☐ Check registers
- ☐ Loan application documents
- ☐ Retirement plan orders
- ☐ Other

Submitted by:

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**Notice:** The other party will have access to these financial source documents. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.

**Superior Court of Washington  
County of**

In re:

and

Petitioner(s),

Respondent(s).

**No.**

**Sealed Personal Health Care  
Records  
(Cover Sheet)  
(SEALPHC)  
Clerk's Action Required**

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**Sealed Personal Health Care Records**

(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

Records or correspondences that contain health information that:

- ☐ Relates to the past, present, or future physical or mental health condition of an individual including past, present, or future payments for health care.
- ☐ Involves genetic parentage testing.

Submitted by:

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**Notice:** The other party will have access to these health care records. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.

**Superior Court of Washington  
County of**

In re:

and

Petitioner(s),

Respondent(s).

**No.**

**Sealed Confidential Reports  
(Cover Sheet)  
(SEALRPT)  
Clerk's Action Required**

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**Sealed Confidential Reports**

(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

This cover sheet shall be used to file the sealed portion of the following reports:

- ☐ Parenting evaluations
- ☐ Domestic Violence Assessment Reports created by Family Court Services or a qualified expert appointed by the court
- ☐ Risk Assessment Reports created by Family Court Services or a qualified expert
- ☐ CPS Summary Reports created by Family Court Services or supplied directly by Children's Protective Services
- ☐ Sexual abuse evaluations
- ☐ Reports of a guardian ad litem or Court Appointed Special Advocate
- ☐ Other:

The sealed portion of these reports include: 1) Detailed descriptions of material, or information gathered or reviewed; 2) Detailed descriptions of all statements reviewed or taken; 3) Detailed descriptions of tests conducted or reviewed; 4) Analysis to support the conclusions and recommendations.

Submitted by:

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**Notice:** The other party will have access to these confidential reports. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.

\_\_\_\_\_**Court of Washington**  
**County of** \_\_\_\_\_

In re:

Petitioner(s)/Plaintiff,  
and

Defendant(s).

Respondent(s)/

**No.**

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

**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