**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON**

**FOR THE COUNTY OF KING**

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| Plaintiff/Petitioner,vs.Defendant/Respondent. |  **[ ] SEA****NO. [ ] KNT** **ORDER ALLOWING ACCESS TO SEALED COURT RECORD/DOCUMENT**(ORARC) |

**I. BASIS**

1.1 The person listed below has justified to the court a need to have access to the above captioned court record.

 **II. ORDER**

2.1 The person listed below is hereby authorized one‑time access to the record as follows:

 [ ] The person has access to these documents, only:

Document title: Date of filing, if known Sub number, if known

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[ ] The person has access to the sealed court record.

2.2 [ ] The person is authorized to view the record, only. The record may not be copied, photographed, or duplicated.

 [ ] The person is authorized to obtain copies of the record as indicated in 2.1, upon payment of the Clerk’s fees.

2.3 The person shall appear in-person in the Clerk’s Office with picture ID. The clerk shall verify the person’s identity before access to the record is permitted. Acceptable identification includes state driver’s license, state identicard, passport, or military ID.

2.4 It is further ordered that the person shall maintain complete confidentiality as to the information contained within the said sealed record, except as permitted by court order.

Person authorized access to the record:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDGE / COMMISSIONER |

Presented By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If attorney, include WSBA#)