Superior Court of Washington,	County of
In re:	
Petitioner/s (person/s who started this case):	No
And Respondent/s (other party/parties):	Motion for Access to Restricted Court Records (GR 22(c)(2)) (MTAF)

## Motion for Access to Restricted Court Records (GR 22(c)(2))

*Important!* The person making this motion must schedule a hearing. You may use the Notice of Hearing form (FL All Family 185) unless local rule requires a different form. Contact the court for scheduling information.

- 1. My name is: \_\_\_\_\_
- **2.** I ask the Court to allow me access to confidential court records in this case restricted by GR 22(c)(2), as follows *(check one):*

The complete court record, with access ending on (date):

Only the records checked below:

- the Confidential Information form
- Sealed Financial Source Documents
- Sealed Personal Health Care Records
- Sealed Confidential Report
- □ Notice of Intent to Move with Children (Relocation)
- □ JIS database records reviewed before approval of a parenting/custody order
- Other (specify):
- **3.** I ask for *(check one):* 
  - full access to these records with nothing deleted.
  - access to these records with the following information **deleted**:
    - Social Security Number of (name): \_

Driver's License Number of (name):
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Telephone number/s of (name):

Financial account number/s of (name):

Home address of (name): \_\_\_\_\_\_

Social Security Numbers of the children under 18

- Dates of birth of the children under 18
- Other (specify):

> I declare:

5.

**4.** There are good reasons to give me access to these restricted documents. *(List the reasons):* 

These reasons are more important than the privacy and safety interests of the parties or children in this case because *(explain):* 

Notice	9		
🗌 l w	ill have this <i>Motion</i> served	on all other parties in this car	se.
	sk the Court to <b>not</b> require allowed by GR 22(i)(2) be	service on <i>(name):</i> cause <i>(check all that apply):</i>	
	I am only asking for acce	ss to the redacted JIS databa	ase records.
	I have not been able to find the other	nd him/her after making a goo <i>party):</i>	od faith effort. <i>(List what you</i>
	What you did	Date you did this	Result

## Person making this motion fills out below

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state):	C	Date:	
•			
Person making this motion signs here	Print name here		
I agree to accept legal papers for this	s case at <i>(check one):</i>		
my lawyer's address, listed below	Ν.		
the following address (this does a	not have to be your home address	s):	
street address or PO box	city	state zip	
(Optional) email:			
	e ends, you <b>must</b> notify all parties and the (FL All Family 120). You must also upda olves parentage or child support.)		
Lawyer (if any) fills out below:			
•			
Lawyer signs here	Print name and WSBA No.	Date	
Lawyer's street address or PO box	city	state zip	

Email (if applicable): \_\_\_\_\_