



Order No. 359947-003



Attn: Academic Records Dept.
Snohomish High School
1315 5th Street
Snohomish, WA 98290

******GO PAPERLESS******

Send records via our Secure Records Portal!
It is Fast, Easy & HIPAA Compliant!

Go to: <https://www.ontellus.com/custodians/>

1. Enter Order Number on the Request
2. Enter Patient's Date of Birth on the Request
3. Upload the Records & Click Submit

Or mail records to:

P.O. Box 525597, Houston, TX 77052
910 Louisiana St., Suite 4500, Houston, TX 77002
Fax 713-936-2782

Patient Name: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: XXX-XX-9318

Records type: Academic Records
Date range of records: Any and all records

Complete academic file from first day of attendance to present, including but not limited to any type of academic and/or scholastic records; attendance records; records showing grades; any type of enrollment records or registration forms; records showing courses taken; records showing classes added; any type of testing records; conduct/disciplinary records; any type of counseling records; counselors notes and/or reports; any type of medical records, including doctor's notes, nurse's notes and/or therapy records; any records pertaining to extracurricular activities.

**** This is a request requiring the attached legal document to be signed (and notarized if indicated on document) by the custodian. Please upload, fax or mail the records to our office. See above for specific instructions. ****

IF THE FEE FOR THE RECORDS EXCEEDS \$101.00, please contact our office prior to copying the records so that a fee approval may be obtained from the attorney. We will not be able to pay any invoices that do not accompany the records and have not been approved.

If you have any questions, please contact Ontellus at 877-807-5162 or 713-358-3863 (local); 713-936-2782 (fax) or e-mail at customerservice2@ontellus.com. Please reference the above order number. PLEASE DO NOT CONTACT THE ORDERING ATTORNEY'S OFFICE DIRECTLY.

HON. ELIZABETH P. MARTIN

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE

A.B., an individual; C.C., an individual; D.E.F.,
an individual; M.R., an individual; J.L., an
individual; B.F., as guardian for K.F., an
individual; C.B., an individual; A.M., an
individual,

Plaintiffs,

vs.

KIWANIS INTERNATIONAL, a non-profit
entity; KIWANIS PACIFIC NORTHWEST
DISTRICT, a non-profit entity; KIWANIS OF
TUMWATER, a non-profit corporation;
KIWANIS OF CENTRALIA-CHEHALIS, a
non-profit entity; KIWANIS OF UNIVERSITY
PLACE, a non-profit corporation; KIWANIS
VOCATIONAL HOME, a non-profit entity;
LEWIS COUNTY YOUTH ENTERPRISES,
INC. d/b/a Kiwanis Vocational Homes for
Youth, a non-profit corporation; CHARLES
McCARTHY, an individual; EDWARD J.
HOPKINS, an individual; UNITED WAY OF
PIERCE COUNTY, d/b/a CHILDREN'S
INDUSTRIAL HOME and/or COFFEE
CREEK CENTER; COFFEE CREEK
CENTER, a non-profit entity; CHILDREN'S
INDUSTRIAL HOME d/b/a COFFEE CREEK
CENTER, a non-profit entity; MENTOR
HOUSE, d/b/a CHILDREN'S INDUSTRIAL
HOME and/or COFFEE CREEK CENTER, a

NO. 20-2-07087-0

FIRST STIPULATION AND
AUTHORIZATION TO RELEASE
SCHOLASTIC RECORDS

Student: [REDACTED]
DOB: [REDACTED]
SSN: XXX-XX-9318

FIRST STIPULATION AND AUTHORIZATION TO
RELEASE SCHOLASTIC RECORDS OF [REDACTED] - 1

FLOYD, PFLUEGER & RINGER P.S.
200 WEST THOMAS STREET, SUITE 500
SEATTLE, WA 98119
TEL 206 441-4455
FAX 206 441-8484

1 no-profit entity; STATE OF WASHINGTON;
2 STATE OF WASHINGTON, DEPARTMENT
3 OF SOCIAL AND HEALTH SERVICES,
4 DEPARTMENT OF CHILDREN, YOUTH
AND FAMILY SERVICES, CHILD
PROTECTIVE SERVICES, governmental
entities

5 Defendants.

6 IT IS HEREBY STIPULATED by and between the parties that:

7 1. In lieu of deposition, the records librarians of the below-listed educational facilities
8 are authorized and directed to produce and deliver one copy of all their records pertaining to
9 [REDACTED] to Floyd, Pflueger & Ringer, P.S., or to its authorized agent, Ontellus,
10 together with a bill for reasonable copying service in accordance with RCW 70.02.010(15):

11 **Snohomish High School**
12 **1315 5th Street**
13 **Snohomish, WA 98290**
360-563-4000

Everett Public School
3900 Broadway
Everett, WA 98201
425-385-4000

14 **Snohomish School District**
15 **1601 Avenue D**
16 **Snohomish, WA 98290**
360-563-7300

Everett Community College
2000 Tower Street
Everett, WA 98201
425-388-9100

17
18 2. The copies so produced shall be identified as the records of said plaintiff herein,
19 further identification at the time of hearing being waived but objections as to competency,
20 materiality and relevance being reserved until the time of hearing. These records are released
21 pursuant to the laws of the State of Washington. The confidentiality provisions of RCW 70.24,
22 RCW 71, and RCW 18.19.180, along with 14-day notice pursuant to the provisions of RCW
23 70.02.060 are hereby waived.
24

25 **FIRST STIPULATION AND AUTHORIZATION TO**
RELEASE SCHOLASTIC RECORDS OF [REDACTED]. - 2

FLOYD, PFLUEGER & RINGER P.S.
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SEATTLE, WA 98119
TEL 206 441-4455
FAX 206 441-8484

1 3. A photocopy of this stipulation and authorization shall be considered as effective and
2 valid as the original.

3 4. This stipulation and authorization applies to all information in the educational
4 provider's possession relating to the above-referenced student. I authorize the disclosure of all
5 protected health care and educational information. I expressly request that all school providers,
6 including health care providers and counselors identified above disclose full and complete
7 protected health and school information, including but not limited to:

- 8 a. All admission, testing, and attendance records.
9 b. All counseling and guidance records.
10 c. All medical, psychiatric and psychological records, including all clinical charts,
11 reports, documents, correspondence, protocol and test results, statements,
12 questionnaires/histories, office and doctor's handwritten notes, and records
13 received by other guidance counselors, mental health counselors or professionals
14 or physicians.
15 d. All Special Education records.
16 e. All archived records from all facilities and locations, including printouts of
17 records on microfiche and other storage media.

18 5. I, [REDACTED], understand that my express consent is required to release any
19 health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus),
20 sexually transmitted diseases, pursuant to RCW § 70.24.024, psychiatric disorders/mental health,
21 pursuant to RCW § 71.05.620, § 71.05.630, and § 18.19.180, or drug and/or alcohol use pursuant
22 to 42 USC § 290dd-2, 42 CFR § 2.31 - 2.35 and RCW § 70.96A.150. If I have been tested,
23 diagnosed, or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric
24 disorders/mental health, or drug and/or alcohol use, you are specifically authorized to release all
25 health care information relating to such diagnosis, testing or treatment.

 6. I understand I do not have to sign this authorization in order to obtain health care
benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view

*FIRST STIPULATION AND AUTHORIZATION TO
RELEASE SCHOLASTIC RECORDS OF [REDACTED]. - 3*

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200 WEST THOMAS STREET, SUITE 500
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TEL 206 441-4455
FAX 206 441-8484

1 the process for revoking this authorization, please read the Privacy Notice to patients posted at
2 the facility where your information is being released. I understand that once the health
3 information I have authorized to be disclosed reaches the noted recipient, that person or
4 organization may re-disclose it, at which it may no longer be protected under Privacy laws.

5 7. This authorization for disclosure is made for purposes related to the above-referenced
6 pending litigation.

7 8. I have read and understood the following statements about my rights:

8 a. I may revoke this authorization at any time prior to its expiration date by
9 writing to the agent at Ontellus, 910 Louisiana St., Suite 4500, Houston, TX
10 77052. I understand that any actions already taken in reliance on
11 this authorization cannot be reversed, and my revocation will not affect those
12 actions.

11 b. The information that is used or disclosed pursuant to this authorization may
12 be re-disclosed by the receiving entity and will no longer be protected
13 thereafter.

12 c. The provider will not condition treatment on the signing of this authorization.

13 9. This authorization expires at the commencement of trial for this matter.

14 DATED this 20 day of 10, 2020.

15 [REDACTED]

16
17 Signature of Student,

18 [REDACTED]

By marking YES where indicated below, you are requesting that Ontellus provide you with a copy of the records. You will be responsible for remitting payment directly to Ontellus for your copy.

PFAU COCHRAN VERTETIS AMALA
PLLC

Darrell L. Cochran

Darrell L. Cochran, WSBA No. 22851

Kevin M. Hastings, WSBA No. 42316

Attorneys for Plaintiff

DO YOU WANT A COPY ☒ YES
☐ NO

FLOYD PFLUEGER & RINGER, P.S.

Dakota L. Solberg

Francis S. Floyd, WSBA No. 10642

Thomas B. Nedderman, WSBA No. 39508

Sean E.M. Moore, WSBA No. 30840

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Attorneys for Kiwanis Defendants

KAHRS LAW FIRM, P.S.

DAVIS ROTHWELL EARLE &
XÓCHIHUA, P.C.

Michael C. Kahrs, WSBA No. 27085

Attorney for Plaintiff

DO YOU WANT A COPY ☐ YES
☐ NO

Nicole M. Rhoades, WSBA No. 33958

John E. Moore, WSBA No. 45558

Attorneys for Defendant United Way of
Pierce County

DO YOU WANT A COPY ☐ YES
☐ NO

TAYLOR | ANDERSON, LLP

OFFICE OF THE ATTORNEY GENERAL
- TORTS DIVISION

Zachary D. Rutman, WSBA No. 52445

Attorney for Defendants Charles McCarthy
and Edward J. Hopkins

DO YOU WANT A COPY ☐ YES
☐ NO

Earl M. Sutherland, WSBA No. 23928

Aaron M. Young, WSBA No. 51239

Attorneys for Defendants State of
Washington, DSHS, DCFS, CPS

DO YOU WANT A COPY ☐ YES
☐ NO

FIRST STIPULATION AND AUTHORIZATION TO
RELEASE SCHOLASTIC RECORDS OF [REDACTED] - 5

FLOYD, PFLUEGER & RINGER P.S.

200 WEST THOMAS STREET, SUITE 500

SEATTLE, WA 98119

TEL 206 441-4455

FAX 206 441-8484

WASHINGTON CERTIFICATION

The Records Custodian For: _____ gh School
Answer the Following Questions Regarding: _____
Date of Birth: _____
Social Security Number: XXX-XX-9318

1. Please state your name, name of business, address and telephone number.

Kimberly Radek
Shohomish School District
1601 Avenue D
Shohomish, WA 98290 360-563-7280

2. Are you the authorized record custodian/librarian?

X YES _____ No, Explain:

3. Are the attached documents the complete Academic Records of the above-named facility regarding the above-named person from all requested dates?

____ YES, the followings (3.1, 3.2) MUST be completed

X NO

3.1 How many pages of Billing Records are you providing Ontellus?

3.2 How many pages of Medical Records are you providing Ontellus?

3.3 How many pages of Other Records are you providing Ontellus?

4. Were these records created, kept and maintained by the above-named entity in the regular course of business at or near the time of the act, condition or event recorded herein?

____ YES X No, Explain: We don't have records pertaining to that student.

5. If photocopies have been made of the original records, were copies made under your direction and control and are they true and correct copies?

____ YES X No, Explain: no records

6. If any documents have been omitted, explain: _____

IF NO RECORDS EXIST FOR THE ABOVE NAME INDIVIDUAL OR TIME FRAME:

X I certify that this facility does not have records pertaining to the above-named individual and/or time frame as requested.

Pursuant to RCW 9A.72.085, I hereby certify and declare under the penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. These records are being furnished to Ontellus, 910 Louisiana St., Suite 4500, Houston, TX 77002.

X Kimberly Radek
Authorized Custodian Signature

Dated at Shohomish, WA, this 7th of May, 20 21.