

1 KING COUNTY DEPT. OF PUBLIC DEFENSE—ACA DIVISION
SUSAN SOBEL Attorney at Law WSBA 52579
2 MAHALIA KAHSAY Attorney at Law WSBA 55594
710 2ND AVE STE 1000
3 SEATTLE, WA 98104-1744
(206) 477-2817 Telephone
4 (206) 624-9339 Facsimile

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10 KING COUNTY DEPARTMENT OF EXECUTIVE SERVICES INQUEST PROGRAM

11
12 IN RE INQUEST INTO THE)
DEATH OF ALBERT WAYNE) NO. 17IQ427069
13 FREDERICKS JR.)
14)
15)
16)

17 **I. INTRODUCTION**

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19 On November 11th, 2017, Albert Wayne Fredericks Jr. died on a gurney in a parking
20 lot after police contact. Mr. Fredericks was contacted on the street by Officer Oliverson and
21 Office Rogers after he called 911 and after other 911 callers reported a man in traffic to
22 dispatch. He was clearly in crisis, asking for help; he did not believe the officers were actual
23 police officers.
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1 After they contacted Mr. Fredericks, the officers made comments about taking him to
2 the hospital if he did not get a ride with them, but Mr. Fredericks was afraid and unwilling to
3 get into their patrol car. Mr. Fredericks did not threaten the officers. Mr. Fredericks was not
4 physically combative. Eventually the officers decided to leave after he refused to get into their
5 patrol car.

6 The officers quickly returned after 911 callers reported that Mr. Fredericks had again
7 walked into traffic. Officers Oliverson and Rogers initiated physical contact. The situation
8 immediately escalated.

9 The officers' take down of Mr. Fredericks, until the moment he was strapped to a
10 gurney, lasted approximately 8 minutes. Mr. Fredericks cried out for help consistently for 6
11 straight minutes, yelling ouch, screaming for an ambulance, saying "no" repeatedly. He cried
12 out for help while being taken to the ground by Seattle Police Department officers. Mr.
13 Fredericks cried out for the last time approximately 6 minutes after the officers started their
14 takedown. He was then completely silent.

15 Mr. Fredericks' cold, pale, limp body was strapped to a gurney and placed in an AMR
16 vehicle. At this point, he was non-responsive to questions. At one point, EMT Hayes asked
17 Officer Oliverson "if he was like this the whole time," and the officer responded, "yes." No
18 one acted upon the dramatic shift in Mr. Fredericks' behavior. No officer provided CPR until
19 his pulse was already thready or completely gone; only then did AMR begin CRP.

20 Mr. Fredericks lay silent and motionless, strapped to a gurney, for approximately 6
21 minutes before anyone decided to check his pulse. At this point, no one had called for the fire
22 department. It was not until approximately 14 minutes after the initial police physical contact
23 with Mr. Fredericks that EMT Ota remarked, "I'm not shitting you I don't feel a pulse... he's
24 not breathing." Only then did Officer Oliverson call for the fire department. Only then was
CPR initiated.

1 On November 2, 2021, in response to Mr. Fredericks death, Dow Constantine called
2 an Inquest.

3 4 II. ARGUMENT

5 A. Proposed Updated Training List

6 The Family previously briefed the issue of proposed trainings for the IA. Since
7 then, the City has provided a list of summaries for the parties to consider and to rely on to
8 inform the decision of which trainings the parties would like included. The Family now
9 requests the following condensed list of trainings in addition to what the IA has suggested
10 is relevant¹:

| 11 YEAR | 11 TRAINING | 11 OFFICERS |
|------------|---|---|
| 12 2017 | 2017 Body Worn Video (BWV) | Swartz, Hay, Rogers, Jerome, Oliverson |
| 13 2016 | Post BLEA Seattle Police Information Dispatch Electronics Reporting | Hay |
| 13 2016 | Post BLEA Bias Free Policing | Hay |
| 14 2016 | Post BLEA Race, the Power of an Illusion/Listen, Explain, with Equity and Dignity | Hay |
| 15 2016 | New Radio Template Changes | Jerome |
| 15 2015 | Post BLEA Bias Free Policing | Swartz |
| 16 2015 | Post BLEA Race, the Power of an Illusion/Listen, Explain, with Equity and Dignity | Swartz, Rogers |
| 17 2015 | Post BLEA Radio Procedures | Rogers |
| 17 2014 | Bias Free Policing | Jerome, Oliverson |
| 18 Unknown | Biased Free Policing and Voluntary Contacts and Terry Stops | Rogers, Jerome |
| 18 Unknown | Bias Free Policing | Rogers, Jerome |
| 19 Unknown | Race the Power of an Illusion | Jerome |
| 19 Unknown | Perspectives on Profiling | Jerome |
| 20 2015 | SPD - 2015 Post BLEA Tactical De- Escalation/Firearms Individual Skill | Swartz |
| 21 2015 | SPD - 2015 Tactical De-Escalation/Firearms Individual Skills | Officer Rogers, Jerome, and Oliverson |

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24 ¹ The Family joins in the green/yellow highlighted list previously distributed and proposed by the IA.

1 The parties have discussed on several occasions which trainings each party
2 would like included, in an effort to come to an agreement. Although the parties have
3 agreed on several of the trainings, both some trainings to include and some trainings that
4 are no longer needed, some disagreement remains.

5 To begin, the Force Investigation Team (“FIT”) found that the primary unit
6 broadcast “under control” prematurely during the physical escort of Mr. Fredericks out of
7 the road, prior to him being handcuffed, and shortly before the physical struggle with him
8 escalated further. *Fredericks_A at 0791*. The City has indicated that the dispatch trainings
9 were hosted by a group other than SPD; therefore, these training materials are not in their
10 possession. Moreover, the City believes that this training may be more about the
11 mechanics of a radio than about the substantive communication over radio. If this is the
12 case, then the Family is not interested in training materials on how to operate a radio.

13 The Family is interested, however, in this training if it includes training on
14 substantive communication over radio. Should the training include this information, the
15 Family believes that training would be relevant to how the situation may have been
16 mismanaged, escalated, and ultimately led to the death of Mr. Fredericks.

17 The remaining disagreement between parties appears to be the relevance of
18 trainings on race and body worn video (“BWV”).

19 The Family believes the training on BWV is relevant because the FIT report
20 indicates that two officers were not using the properly assigned BWV cameras.
21 *Fredericks_A at 0792*. Further, Officer Oliverson’s BWV appears to be covered during
22 the take down of Mr. Fredericks.

1 The most significant disagreement between the parties involves the relevancy of
2 bias free policing and race related trainings. During the last Pre-Inquest Conference, the
3 involved officers and City made it clear that race was not relevant to this incident. They
4 asserted that they treated Mr. Fredericks with respect; therefore, there was no racial
5 animus present.

6 Mr. Fredericks and the Family are Indigenous Americans belonging to the
7 Qawalangin Tribe of Unalaska. The existence of overt racial animus should not be the
8 standard that makes make the topic of race or bias relevant to this Inquest. The Family
9 does not assert the existence of overt racial animus.

10 Moreover, bias free policing trainings address bias broadly. Bias can be related to
11 more than race and can include a bias someone might hold towards transient persons,
12 towards people suffering mental health crisis, or towards people suffering from substance
13 use disorders.

14 In the recently decided U.S. Supreme Court case, *Pena-Rodriguez v. Colorado*,
15 Justice Kennedy described racial bias as, “a familiar and reoccurring evil, that if left
16 unaddressed, would risk systemic injury to the administration of justice,” elaborating that
17 “this Court’s decisions demonstrate that racial bias implicates unique historical,
18 constitutional, and institutional concerns.” 580 U.S. ____, 15, 137 S.Ct. 855, 197 L.Ed.2d
19 107 (2017). Further, the Washington Supreme Court appropriately framed this
20 conversation around the issue of implicit bias stating that:

21 Yet we all live our lives with stereotypes that are ingrained and often
22 unconscious, implicit biases that endure despite our best efforts to eliminate them.
23 Racism now lives not in the open but beneath the surface – in our institutions and
24 our subconscious thought processes – because we suppress it and because we
create it anew through cognitive processes that have nothing to do with racial
animus.

1 *State v. Saintcalle*, 178 Wn.2d 34. 46 (2013).

2 Similarly, Justice Sotomayor in a dissenting opinion to *Utah v. Strieff*, addressed
3 the role of unconscious bias (in the context of searches and seizures) pronouncing, “I do
4 not doubt that most officers act in ‘good faith’ and do not set out to break the law. That
5 does not mean these stops are ‘isolated instances of negligence,’ however. Many are the
6 products of institutionalized training procedures.” *Utah v. Strieff*, 579 U.S. 232, 136 S.Ct.
7 2056,195 L.Ed.2d 400 (2016); *ante* at 2063. Here, the Seattle Police Department is
8 indeed implicated both institutionally and historically for the racially disparate treatment
9 of citizens, which has recently caused them to come under federal oversight.

10 The goal of an inquest is to, “ensure a full, fair, and transparent review of any
11 such death.” *PHL-7-1-5-EO*. In response to growing number of deaths at the hand of law
12 enforcement in 2017, the Executive convened a group of stakeholders to address
13 community concerns about the apparent lack of transparency and accountability.
14 Following this, Dow Constantine issued a revised order and announced, “Now is the time
15 to move forward with police accountability.”¹

16 In 2021, the nation saw protests throughout the country following the death of
17 George Floyd, bringing attention to the disproportionate deaths of people of color at the
18 hands of law enforcement. To say in 2022 that race is not relevant contravenes the goal of
19 transparency and misunderstands the role of implicit bias.

20 Mr. Fredericks was not hostile to police, he was not assaultive, he was not armed,
21 he was in crisis, he was paranoid, he was crying for help. While the officers treated him
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23 _____
24 ¹ Press Release; [Executive Constantine: Now is the time to move forward with police accountability - King County](#),

1 with respect and dignity when attempting to give him ride on first encounter, this does
2 not mean that implicit bias did not impact the officers' decision to 1) not to call a DMHP
3 2), when and how to go hands on, 3) radio that the situation was "under control," and 4)
4 to disregard his drastic change in presentation and not provide CPR.

5 While the officers treated him with respect and dignity when attempting to give
6 him a ride on the first encounter, this does not mean that implicit bias did not impact the
7 officers when they did not react immediately when Mr. Fredericks' body went limp, he
8 stopped crying out for help, and his pulse dropped.

9 Trainings and policy related to bias should be embraced as part of a transparent
10 and full process when a man of color in active crisis has died during a law enforcement
11 interaction. It is up the jury, not the parties, to decide whether the involved officers
12 followed the policies and trainings related to bias-free policing in connection to the death
13 of Mr. Fredericks.

14 15 **B. Proposed Policy List**

16 The below outlines the list of policies that the Family believes is relevant and
17 appropriate to include in this inquest, in addition to what the IA has thus far proposed:

18 The Family's Proposed Policy List:

- 19
- 20 • Use of Force
 - 21 ○ **8.000(2) (3) (4)**
 - 22 ○ **8.050** – definitions – de-escalation/de-escalation
 - 23 ○ techniques/force/objectively reasonable force
 - 24 ○ **8.100**
 - **8.200(1), (3), (6), (7)**
 - **8.400-POL-1**
 - **8.400-TSK-1**
 - Crisis Intervention Policy

- **16.110-POL-5 (1)(2)(3)(4)(5)(6)**, with exception of 2(a)
 - Referenced section within (6) - 16.110- PRO-2
- **16.110-POL-3** – certified officers training
- **16.110-POL-5** – responding to subjects in behavioral crisis
- Traffic Direction and Control
 - **16.140**
- Sick and Injured Persons
 - **16.130**
- Bias-Free Policing
 - **5.140-POL (1) (2)**

To focus the conversation, the Family will address the policy proposals that are in dispute:

a. Use of Force / De-Escalation

The involved officers were aware they were engaging with a man in crisis – they mentioned hospitalization and discussed sending him for an ITA hold. During the takedown, Mr. Fredericks screamed for help and yelled “ouch.” Mr. Fredericks became vocally escalated when the officers made physical contact with him. It is clear that force was used and that de-escalation tactics (to a degree) were used prior to contact and during contact. For example, officers offered to give him a ride and told him to breathe and calm down.

An officer’s duty to de-escalate and use reasonable and appropriate force is clearly material to the heart of Mr. Fredericks death. These policy sections within the SPD policy document build upon one another and inform other policy sections; these sections are relevant and necessary to be read in connection with one another.

Next, Section 8.000 is the preamble which lays out the core principles of Use of Force. Specifically, sub-section 2 is particularly relevant to the death investigation of Mr. Fredericks. This sub-section indicates that, “when safe under the totality of the circumstances and time and circumstances permit, officers shall use de-escalation tactics

1 in order to reduce the need for force.” *Fredericks_A at 1637*. This subsection intersects
2 and builds upon subsection 8.1000; the City is not objecting to its inclusion. Sub-section
3 3 is also relevant and indicates that, “officers should continually assess the situation and
4 changing circumstances and modulate the use-of-force appropriately.” *Id.* This is of
5 particular concern in the death of Mr. Fredericks as his demeanor, tone, temper, and
6 responsiveness suddenly shifted and changed while the officers approach remained
7 exactly the same. Sub-section 4 delineates upon the previous sub-sections by defining
8 what is reasonable force; this is particularly important as it indicates force must be
9 proportional to the surrounding situation. This subsection also cross references sub-
10 section 8.200.

11 Section 8.050 provides useful definitions, specifically the definitions of de-
12 escalation, de-escalation techniques, force, and objectively reasonable force. These terms
13 are central to this case. These definitions and terms provide guidance for understanding
14 the conversation around policy relevant to this case. De-escalation is defined as taking
15 action to create more time and space in a situation with the goal of gaining voluntary
16 compliance from subjections. Again, this section refers back to section 8.1000.

17 The Family feels that these policies and definitions interplay and explicitly
18 reference each other, as these subsections are not meant to be understood not in silo but
19 in totality with each other. Officers here had an obligation to de-escalate; they used force
20 in the take down of Mr. Fredericks, and that force had to be objectively reasonable. All of
21 these definitions reference Sections 8.000 and 8.100; they are relevant to Mr. Fredericks
22 death and create common language for understanding the police officer’s actions and the
23 policies behind them.

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1 Next, sub-section 8.100 is related to de-escalation; the parties agree that this sub-
2 section should be included. Next, 8.200 regards the use of force. 8.200(1) is related to
3 when use of force is authorized. As force was used in the death of Mr. Fredericks, this
4 section discusses what is reasonable, necessary, and proportional; this is relevant and
5 material to review how force was used in this incident. 8.200(3) is particularly important
6 as it discusses the modulation of use-of-force as resistance changes. *Fredericks_A at*
7 *1645*. Here, Mr. Fredericks' body went limp and silent, during the takedown, but the
8 officers proceed as if nothing had changed, even though he was crying out for help just
9 minutes earlier This section is relevant.

10 8.200(6) is related to requesting medical aid. *Fredericks_A at 1646*. Here, the
11 officers called for AMR during the take down, but the fire department was not called
12 until after Mr. Fredericks stopped breathing.

13 *b. Crisis Intervention Policy*

14 Section 16.110-POL-5 --Responding to Subjects in Behavioral Crisis is relevant
15 because Officer Oliverson and Officer Rogers found themselves engaging with a man in
16 crisis when engaging with Mr. Fredericks. It is clear the officers were aware Mr.
17 Fredericks was experiencing a crisis situation because they discussed taking him to the
18 hospital. They also discussed his paranoia and to AMR staff suggested an ITA hold for
19 harm to self.

20 Section 16.100-POL-5(1) states that officers either on view or dispatched, "shall
21 make every reasonable effort to request the assistance of Crisis Intervention Training
22 ("CIT") Certified Officers." Officer Oliverson and Officer Rogers in 2014 completed the
23 40-hour Crisis Intervention Team Tactic training; this is a training the IA has already
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1 indicated appears relevant to the death of Mr. Fredericks. The interrogatories posed to the
2 jury will relate to whether officers followed policy and training, thus the policy and
3 training related to CIT are highly relevant and material to the circumstances of Mr.
4 Fredericks death.

5 Furthermore, Section 16.100-POL-5(2) requires that communications “shall” also
6 dispatch at least one CIT officer to any call where it appears someone is in behavioral
7 crisis. Again, because of the officers 40-hour certification, and the crisis state of Mr.
8 Fredericks – as indicated by the police’s own report, his appearance on BWV, and 911
9 calls, any policy related to CIT is highly relevant.

10 These policies are relevant to how the incident with Mr. Fredericks unfolded,
11 because if officers did not follow CIT related policy or the appropriate training, maybe
12 the outcome could have been different. The IA has already identified these trainings as
13 relevant therefore the umbrella policies should too be included.

14 Next, Section 16.100-POL-5(3) allows officers to connect with an on-duty
15 designated mental health professional (“DMHP”). An on-duty DMHP could have been
16 used to assist Mr. Fredericks and assist the officers with an on-site evaluation, rather than
17 trying to force Mr. Fredericks into the police vehicle. Police officers cannot be expected
18 to be mental health professionals; this is why a specific policy exists and why DMHP’s
19 are available.

20 Next, Next, Section 16.100-POL-5(4) outlines the policy and procedure for
21 officer-initiated Crisis Solution Center referrals. *Fredericks_A at 2043*. Officers may
22 make referrals during a *Terry* stop, like the officers had with Mr. Fredericks. In fact, the
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1 officers discussed the option of a referral; they were aware of the ability to refer for
2 hospitalization, but they did not follow-up.

3 Further, sub-sections 5 and 6 are relevant for similar reasons. Sub-section 6
4 specially references 16.110.PRO-2, which relates to ITA holds. Officer Oliverson
5 directed AMR staff to send Mr. Fredericks to the hospital, but what if this conversation
6 had happened before he stopped breathing?

7 Finally, 16-110-POL-3 relates to CIT trained officers. It will be important for a
8 jury to understand the CIT program and process, in reference to the inclusion of the
9 previous chapter and both officer's certifications.

10 *c. Traffic and Direction*

11 Section 16.140 outlines policy for Traffic Direction and Control. From the
12 officers' perspective, Mr. Fredericks' presence in busy traffic created an unsafe situation
13 for both himself and for motorist. When the officers initially engaged with him, Mr.
14 Fredericks was on the sidewalk. After they left the scene, he returned to standing in
15 traffic. When they returned, their approach was to immediately go hands-on.

16 The de-escalation core principals and policies indicate the goal of gaining time
17 and space to reduce threats in a situation. Officers, "may take personal charge of traffic
18 control and direct traffic depending on the needs of the incident." *Fredericks_A at 2056*.
19 The BWV shows that the situation immediately escalated when the officers made
20 physical contact; this is not un-common for people in crisis displaying paranoia around
21 police. Officers could have briefly utilized the traffic and control policy to gain time and
22 space to get Mr. Fredericks again to the sidewalk and wait for DMHP's to arrive or to
23 differently interact based on CIT.

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d. Sick and Injured Persons

Lastly, section 16.130 relates to Sick and Injured Persons. Mr. Fredericks cried in pain and for help for 6 minutes. He went completely silent, was visually limp and pale, and utterly non-responsive for minutes before a pulse was taken. He had already ceased to breathe before the fire department was called to his aid. Sub-section 1 indicates an employee's have a responsibility to assist sick and injured persons. Officers are directed to provide CPR as needed. Mr. Fredericks cries for help and his dramatic change in presentation went ignored, no CPR was given by officers. CPR was not initiated by AMR until minutes later when they realized he was not breathing that this was not a "volitional act" on his part. These policy sections are relevant to his death.

e. Bias Free Policing

The Family refer to the above training section addressing the issues of bias and bias free policing as it relates to the interaction and death of Mr. Fredericks. Mr. Fredericks request for help and change in behavior were shrugged off. Officers did not interject when EMT's suggested his lack of consciousness was volitional as he had been yelling previously. His cries for help were dismissed as paranoia. Section 5.140-POL delineates that bias can relate to age, disability, economic status, homelessness, mental illness, race, and so on. Sub-sections 1 and 3 explain this policy and mandate that officers do not engage in bias-based policing. Again, it is not up to the parties to assert whether bias related policy was followed appropriately, that contravenes the role of the jury. Bias is never collateral, and jurors are expected to be capable of understanding the issues presented. To suggest that a jury would be confused by a discussion of bias or that

1 officers would be prejudiced by the conversation’s existence undermines the truth
2 seeking and community confidence building purpose of the inquest.

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4 **C. Proposed Scope of Factual Injury**

5 The Family agrees with the scope laid out by IA Carroll for all of the listed
6 categories. Testimony relating to each of these categories will be relevant and necessary
7 for the jury to make a thorough and proper determination.

8 The Family at this time, in pursuit of an open and fully transparent Inquest
9 Hearing, is unable to stipulate to any facts, and requests the jury hear from all proposed
10 witnesses during the Inquest Hearing.

11 The purpose of an Inquest Hearing is “to ensure a full, fair, and transparent
12 review” for a jury to inquire into the death of a person by suspicious circumstances, in
13 particular involving any law enforcement agency. *See* King County EO PHL-7-1-5-EO at
14 2. The executive order mandates that the Inquest Hearing begin with a judge’s
15 introduction that informs the jury of the purpose of the inquest as follows, “[t]he purpose
16 of the inquest is to provide public inquiry into the causes and circumstances surround the
17 death of [decedent.” *Id* at 9.

18 In addition, an Inquest Hearing requires the jury consider evidence and make
19 findings of fact. For example, parties to the Inquest “may proffer witnesses to provide
20 testimony that aids the panel in the understanding of the facts, including factual areas of
21 experts.” *Id.* at 10.

22 In sum, because the jury in an Inquest Hearing is tasked with fact finding, the
23 Family believes evidence and witnesses should be presented in full, rather than partially
24 through stipulations.

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D. Proposed Witness List

The Family is in agreement with the witness list proposed by IA Carroll. For a full and transparent hearing, the jury should hear from all of the proposed witnesses.

The Family is also in agreement to allow both parties to work towards a deadline to declare any proposed expert witnesses after the interview of the Medical Examiner.

III. CONCLUSION

The Family of Mr. Albert Fredericks deserves a full, fair, and transparent process. At this point, the decision of what is discoverable should be view with a broad eye towards this goal. The policies related to crisis intervention, de-escalation, use of force, and bias are all incredibly relevant for a jury to understand while assessing the facts and circumstances of his death. The trainings related to these categories should also be shared in order to investigate whether the officers properly and appropriately engaged with Mr. Fredericks. To fight to limit the Family and communities’ access to this information is to fight to limit the transparency and accountability intended to be provided in this truth-seeking process.

Mr. Fredericks screamed for help for minutes. His cries then went silent, and no one blinked an eye to question this drastic change in presentation. AMR staff suggested he was volitionally choosing to be non-responsive; CPR was not provided; DMHP’s were not called to the scene. He was described as cold and pale while strapped to a gurney no longer breathing. It is in everyone’s interest, both the police, the family, and the broader community, that a rigorous investigative process occur; the Family’s proposals support this goal. As such, the Family respectfully asks the IA include the briefed proposals.

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DATED this 25th day of March 2022:

/s/ Susan Sobel
Attorney for the Fredericks Family, #52579

/s/ Mahalia Kahsay
Attorney for the Fredericks Family, #55594

1 **CERTIFICATE OF SERVICE**

2 I certify that on the 25th day of March, 2022. I caused a true and correct copy of
3 this document to be served on the following in the manner indicated below:

| | |
|--|---|
| 4 Matt Anderson Attorney | (x) Via Email matt.anderson@kingcounty.gov |
| 5 Dee Sylve 6 Inquest Program Manager 7 DES-Dept. of Executive Services 401 8 5th Ave., Suite 131 Seattle, WA 98104 Mailstop: CNK-DES-135 | (x) Via Email Dee.Sylve@kingcounty.gov |
| 9 La Rond Baker 10 Department of Public Defense 710 2nd Ave, Suite 250 Seattle, WA 98104 | (x) Via Email Lbaker@kingcounty.gov |
| 11 Rebecca Boatright 12 Executive Director of Legal Affairs, 13 SPD Seattle City Attorney's Office 701 5th Ave Ste 2050 Seattle, WA 98104-7095 | (x) Via Email Rebecca.Boatright@seattle.gov |
| 14 Ghazal Sharifi, WSBA# 47750 15 Rebecca Widen, WSBA #57339 Alison Markette, WSBA# 46477 16 Seattle City Attorney's Office 17 701 Fifth Avenue, Suite 2050 Seattle, WA 98104 | (x) Via Email Ghazal.Sharifi@seattle.gov Rebecca.Widen@seattle.gov Alison.Markette@seattle.gov |
| 18 Ted Buck, WSBA #22029 Karen L. Cobb, WSBA #34958 19 Frey Buck, P.S. 20 1200 Fifth Ave., Ste. 1900 Seattle, WA 98101 | (x) Email tbuck@freybuck.com kcobb@freybuck.com |

21
22 /s/ Susan Sobel
23 Attorney for the Family