

EXHIBIT 18

TROUTMAN SANDERS LLP

ATTORNEYS AT LAW
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June 22, 2007

BY FIRST CLASS MAIL

Freedom of Information Act/Privacy Act Mail Referral Unit
Justice Management Division
U.S. Department of Justice
Room 1070, NPB
950 Pennsylvania Avenue
N.W., Washington, D.C. 20530-0001

Re: Richard L. Sealey, D.O.B.- 4/18/1964, SSN-580-04-0371
This Regards a Death Penalty Case; Expedited Processing Requested.

Dear Freedom of Information Act Officer:

Pursuant to the Freedom of Information Act, 5 U.S.C. §552, I respectfully request certified copies of all records, documents, and/or files in the possession or under the control of your office or agency and/or any person, division, department or similar subsection of your office or agency, regarding the above referenced individual, including, but not limited to material relating to:

any investigation, arrest, indictment, conviction, sentencing, incarceration, and/or parole of the above referenced individual.

A comprehensive, HIPPA compliant, notarized, release is enclosed authorizing the release of all records, files, and/or information pertaining to this individual that might otherwise be deemed confidential.

For the purposes of the request, the terms "records," "documents," and "files" are intended to include, without limitation, any and all written, typed printed, recorded, graphic, computer-generated, or other matter of any kind from which information can be derived, whether produced, reproduced, or stored on paper, cards, tapes, films, electronic facsimiles, computer storage devices, or any other medium. They include, without limitation, letters, memoranda (including internal memoranda), calendars, schedules, books, indices, notes, printed forms, publications, press releases, notices, minutes, summaries or abstracts, reports, files, transcripts,

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computer tapes, printouts, drawings, photographs, recordings (including both videotapes and audiotapes), telegrams, and telex messages, as well as any reproductions thereof that differ in any way from any other reproduction, such as copies containing marginal notations.

Please certify all provided records. I understand that there may be a charge for certified records. Please provide an itemized statement of all incurred charges. Please note that this request is specifically for certified records and that no charges are authorized for the production of uncertified records.

If your search produces no records please send a signed, dated letter on letterhead to that effect. Please include in that letter any other departments or offices known to you that could have documents responsive to this request.

Further, to the extent that your office determines that any materials related to these requests are not responsive to this request or will not be disclosed, I request that your office make an item-by-item catalog of those materials not disclosed and the reasons for the non-disclosure.

These records are being requested as they relate to pending legal proceedings. The time constraints of these legal proceedings are pressing and require that I request all possible expediency on the part of your office and agency.

Thank you very much for all of your assistance in this matter. If any questions should arise during the search for these records, please do not hesitate to contact me at the number listed above.

Very truly yours,



Seanna R. Brown

State of: Georgia
County of: Butts

AUTHORIZATION FOR RELEASE OF RECORDS AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, Richard L. Sealey, date of birth, 4/18/1964, Social Security number, 580-04-0371, hereby grant authorization to any public or private agency, institution, individual or corporation, including but not limited to any lawyer, law firm, school, youth facility, physician's office, hospital, mental health center, addiction treatment center, psychologist's or psychiatrist's office, department of family and children services, social service organization, jail, prison, correctional facility, bureau of investigation, department of probation and/or parole where I have been or currently am being educated, evaluated, treated, held or confined, or who has ever been involved in providing me with legal or other services, to release and disclose to the attorneys at the law firm of TROUTMAN SANDERS LLP and to any designated employee or representative of the firm, any and all of my files and records, or copies thereof, in their possession, including those files and records or portions thereof disclosing my protected physical and mental health information and to discuss with the afore-mentioned individuals and/or provide to them in writing confirmation of any medical and mental health treatment, condition, prognosis and any other information relevant to my health.

This authorization for release and disclosure to the above named attorney(s) or their designated representatives of my protected physical and mental health records, files, and information, (whether typed, handwritten, audiotaped, videotaped, electronically stored or transmitted, or otherwise generated or preserved), includes but is not limited to: emergency room records; x-rays; hospital inpatient records; hospital outpatient records; office based records; clinic records; institutional records; jail records; prison records; department of corrections records; behavioral and mental health treatment information; Medicaid records; laboratory and diagnostic findings; substance abuse treatment information; psychotherapy notes; doctors' notes; nurses' notes; counselors' notes; psychiatrists' notes; psychologists' notes; staff notes; correspondence; evaluations; test data and results; medication orders and prescriptions; reports; scans; measurements; transfers; assignments; admissions; discharges; and commitments.

I understand that the information in my records may include confidential AIDS/HIV test results, infection status, or treatment information; information regarding sexually transmitted diseases; information regarding other communicable diseases; information regarding treatment for alcohol and/or drug abuse; and information relating to behavioral and mental health diagnoses, care, and treatment. I authorize the release and disclosure of this information to the above named attorney(s) or their designated representatives.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and may then no longer be protected by federal privacy regulations. I understand that unless otherwise limited by state or federal regulations, I may revoke this Authorization at any time by presenting my revocation in writing, except to the extent that the entity disclosing such records has taken action in reliance on this authorization.

I agree that this authorization is as valid whether in the original, a photocopy, a facsimile, or in electronic form and expires one year from date of signature.

Richard Sealey

Sworn to or affirmed and subscribed before me this the 9 day of May, 2007.

[Signature]
NOTARY PUBLIC

My commission expires:

Notary Public, Fulton County, Georgia
My Commission Expires June 28, 2008