**Form ACR (Access to Court Records)**

STATE OF INDIANA

IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_ COURT, COUNTY OF\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

Plaintiff(s), )

 ) Case No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs. )

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

Defendant(s) )

#### Notice of Exclusion of Confidential Information from Public Access(FILED WITH TRIAL COURT CLERK for documents filed with the clerk)(TENDERED IN OPEN COURT for documents tendered in open court)

Contemporaneous with the [filing/tender] of this notice, [party name] has [filed/tendered] confidential information under the Indiana Rules on Access to Court Records. [party name], provides this notice that the confidential information is to remain excluded from public access in accordance with the authority listed below:

|  |  |
| --- | --- |
| Name or description of document  | ACR grounds for exclusion |
| [List here] | [List specific A.C.R. grounds here.] |
|  | [NOTE: If Rule 5(A)(1 or 3), 5(B)(1 or 2), or 5(D)(2) provides the basis for exclusion, you must also list the specific law, statute, or rule declaring the information confidential.] |

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Insert Name]

#### CERTIFICATE OF SERVICE

I certify that on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, the foregoing was served upon the following by [state method of service]:

[list names and addresses of counsel of record]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Signature]