



INDIANA SUPREME COURT
INDIANA OFFICE OF COURT SERVICES
30 SOUTH MERIDIAN STREET, SUITE 500
INDIANAPOLIS, IN 46204
317.232.2542

**REQUEST FOR RELEASE OF
BULK DATA/COMPILED INFORMATION
(NOT EXCLUDED FROM PUBLIC ACCESS)**

To the Executive Director of the Indiana Office of Court Services:

Requestor submits this request under Administrative Rule 9(F)(3) for release of bulk data/compiled information not excluded from public access by Administrative Rule 9(G).

I. Identity of Requestor	
Address	
Contact and Title	
Telephone:	
E-Mail:	<input type="checkbox"/> None _____ Enter Email Address
Website:	<input type="checkbox"/> None _____ Enter Website Address

II. List all known business entity names related to Requesting Party that will participate in the use and dissemination of the data provided:
<input type="checkbox"/> None <input type="checkbox"/> Listed Here

III. Identification of bulk data/compiled Information sought (specify and describe the records sought and the compiler or location):

IV. Identify the frequency with which bulk data and compiled information is being requested to be transferred to Requestor by each Court listed in Section III.

One Time Distribution Periodic _____
Frequency Desired

V. Identification of Court(s) exercising jurisdiction over the records (list the courts):

VI. Purpose for Request: What is the purpose of the request and how is release of the requested data consistent with the purposes of Administrative Rule 9 (set forth reason)?

VII. Describe how fulfilling the request is an appropriate use of public resources.

VIII. Attach a sample copy of all Requesting Party's company policies/user agreement provided to the Requesting Party's subscribers, customers, clients, or other party that govern the use of the data listed in II.

IX. Requestor is or is not willing to pay an amount determined to be the fair market value of the information. If not, why?

Willing to Pay **Unwilling to Pay. Reason _____**

By signing this request, I represent that I am authorized to do so on behalf of Requestor.

Signature	
Printed Name	
Title	
Date	