**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:

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| --- | --- |
| Name or description of document | ACR grounds for exclusion |
| PO-0104, Confidential Form | 1. ACR 5 (B) (2) 2. ACR 5 (C) (3) 3. Ind. Code 5-2-9-5.5 (c) 4. Ind. Code 5-2-9-6 5. Ind. Code 5-2-9-7 6. Ind. Code 31-37-19-2 (2) 7. Ind. Code 33-39-1-8 (i) (2) 8. Ind. Code 34-26-5-3 (a) (C) 9. Ind. Code 34-26-5-7 10. Ind. Code 34-26-6-13 11. Ind. Code 35-33-8-3.2 (f) (2) 12. Ind. Code 35-38-2-2.3 (f) (2) |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[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]