

Form ACR (Access to Court Records)

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Minor Incapacitated Person

**Notice of Exclusion of Confidential Information from Public Access
(FILED WITH TRIAL COURT CLERK)**

Contemporaneous with the filing of this notice, _____ has filed confidential information under the Indiana Rules on Access to Court Records. _____, 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

Guardianship Registry Information Sheet

Access to Court Records Rule 5(b)(2)

/s/ _____
Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document to _____ by:

- Registered mail at this address: _____
- Certified mail at this address: _____
- Sheriff for \$28.00
- Hand delivery at this address: _____
- E-Service per Trial Rule 86 at this email address: _____
- Other: _____

I hereby certify that I sent a copy of this document to _____ by

- Registered mail at this address: _____
- Certified mail at this address: _____
- Sheriff for \$28.00
- Hand delivery at this address: _____
- E-Service per Trial Rule 86 at this email address: _____
- Other: _____

/s/ _____
Signature

/s/ _____
Signature