

**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 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  
Guardianship Registry Information Sheet

ACR Grounds for Exclusion  
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: \_\_\_\_\_

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- Other: \_\_\_\_\_

/s/ \_\_\_\_\_  
Signature

/s/ \_\_\_\_\_  
Signature