

Form ACR (Access to Court Records)

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6
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 on _____ by:

first-class U.S. mail, postage prepaid, to this address: _____

Sheriff

Other: _____

/s/ _____
Signature

Date