

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE NAME CHANGE OF MINOR:

Name of Minor

Name of Person Filing

Select One: Mother Father Other _____

**VERIFIED REQUEST TO PROHIBIT PUBLIC ACCESS PURSUANT TO
INDIANA RULES ON ACCESS TO COURT RECORDS**

I, _____, respectfully petition this Court to seal the record of the Minor Child's name change proceeding, permanently prohibiting Public Access to the entire court record pursuant to Indiana Rules on Access to Court Records Rule 6. In support of this request, I state:

1. I am requesting the court change my child's name because they are:

transgender

gender non-conforming

nonbinary

2. I am seeking to change the Minor Child's name to accurately reflect the child's gender identity and presentation.

3. I am aware of the high rates of violence, discrimination, and invasion of privacy against transgender, gender non-conforming and nonbinary people in Indiana and nationwide and I fear that if the public knows the Minor Child's gender identity, they will personally experience violence, discrimination, and an invasion of privacy.

4. I fear that if someone could find the Minor Child's name change request and address online, that they could be targeted for discrimination and/or violence based on their gender identity.

5. I also fear for the Minor Child's safety because of personal experience with violence and discrimination.

6. The Minor Child has personally suffered:

- physical harm
- discrimination
- harassment
- bullying
- threats of violence
- other:

7. I am attaching a Memorandum of Law in Support of Verified Request to Prohibit Public Access And/Or Waive Publication Pursuant to Rules on Access to Court Records prepared by Indiana Legal Services as an Exhibit.

THEREFORE, I respectfully request that pursuant to the Indiana Rules on Access to Court Records, this case be excluded from public access by sealing the record of this proceeding.

I affirm under penalties for perjury that the foregoing representations and statements are true.

/s/ _____
Signature

Date

Printed Name

Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this filing to the other person's attorney, or to the other person if they are not represented by an attorney, via:

- Registered mail at this address: _____
- Certified mail at this address: _____
- Sheriff
- Other: _____

/s/ _____
Signature

Date