**(Prospective Attorney’s Assurance of Confidentiality for Juvenile Paternity Cases)**

STATE OF INDIANA ) IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT

)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_ )

)

(Insert Case Caption) )

) SS:

)

)

) CASE NO.

)

ASSURANCE OF CONFIDENTIALITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Attorney number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a member in

(Provide Name of Attorney)

good standing of the Indiana Bar. A prospective client has asked that I review the confidential juvenile paternity case file in the above matter. I affirm that my agents and I who obtain access to the court records and information in this case will maintain confidentiality as governed by the Rules on Access to Court Records in effect at the date of the filing of such records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attorney Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Attorney Printed)

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Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Number