



INDIANA SUPREME COURT OFFICE OF
JUDICIAL ADMINISTRATION
INDIANA OFFICE OF COURT SERVICES
251 NORTH ILLINOIS, SUITE 800
INDIANAPOLIS, IN 46204
317.232.2542

**VERIFIED APPLICATION FOR RELEASE OF BULK DATA/COMPILED
INFORMATION NOT EXCLUDED FROM PUBLIC ACCESS**

To the Chief Administrative Officer of the Indiana Office of Judicial Administration:

Pursuant to Administrative Rule 9(F)(1), Applicant seeks release of bulk data/compiled information not excluded from public access by Access to Court Records Rule 5.

Note – Answer box character space is limited. If your answer is too large, place the entire answer on an attachment. See <https://www.in.gov/courts/iocs/statistics/bulk-data/standards> for information regarding application criteria.

I. Identity of Applicant _____

Address _____

Contact and Title _____

Telephone: _____

E-Mail: **None** _____

Website: **None** _____

II. List all known business entity names related to Applicant that will participate in the use and dissemination of the data provided:

None **Listed Here**

III. Identification of Bulk Data/Compiled Information sought.

A. Specify and describe the records or case data elements sought.

B. List the Court(s) exercising jurisdiction over the records or information.

All Courts using Odyssey Case Management System

Specific Odyssey Courts:

All Courts not using Odyssey Case Management System

Specific Non-Odyssey Courts:

Attach a sample copy of all your policies/user agreement provided to Applicant's subscribers, customers, clients, or other party that govern the use of the data listed in III.

IV. Identify the frequency with which bulk data and compiled information is being requested to be transferred to Applicant by each Court listed in Section III.

One Time Distribution

Monthly

V. A. What is the purpose of the application and how will the data be used?

VI. How is the application consistent with the purposes of Administrative Rule 9 and the Access to Court Records Rules?

VII. Describe how fulfilling the application is an appropriate use of public resources.

VIII. How will approval provide a substantial benefit or serve the need of the Indiana Judicial System or other governmental agency as opposed to a private interest?

IX. Applicant will pay an amount determined to be the fair market value of the information. If not, why?

Willing to Pay

Unwilling to Pay. Reason:

By signing this application, I represent that I am authorized to do so on behalf of the Applicant and affirm under the penalties for perjury that the foregoing representations are true.

Signature of Applicant _____

Printed Name _____

Title _____

Date _____