

**Delaware County Circuit Court ADR Project**  
**Delaware County Court Administration**  
 100 W. Washington Street  
 Muncie, Indiana 47305  
 765-747-7734  
 Fax: 765-281-9462

Date: \_\_\_\_\_

Cause #: \_\_\_\_\_

## Delaware County Circuit Court ADR Project Waiver and Consent to Release Confidential Information Form

The undersigned, being a party in the above referenced cause number, hereby consents and waives all objections to the release of the following confidential information to the Delaware County Circuit Court Alternative Dispute Resolution (ADR) Project.

1. Records of my criminal and juvenile arrests and convictions, including but not limited to, docket sheets, index entries, summons, warrants, petitions, orders, motions, decrees, judgments of conviction, and all records of conviction.

2. All records, or reports made and any other information obtained, reports written or photographs taken in the possession of any non-party and/or service provider and/or any other county department as they may pertain to me as a data subject and/ or to a child now or previously under my control, custody, or supervision.

3. Information of public record as made available through the Clerk's Office, in reference to me as a party to any action that may or may not be pertinent to my participation in the Delaware County Circuit Court ADR Project.

Name (Print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Relationship to the Child(ren)/Case (if applicable): \_\_\_\_\_

**Attorney's Signature** (if applicable): Telephone: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrator**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facilitator:**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_