

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA**

IN THE MATTER OF: \_\_\_\_\_ )  
 ) NOS.  
 )  
\_\_\_\_\_  
(Attorney who requires Surrogate) )  
\_\_\_\_\_  
(Attorney's IN Bar Number) )  
 )  
 )  
 )

**NOTICE TO THE CLERK  
OF INDIANA ATTORNEY SURROGACY**

Pursuant to Indiana Admission and Discipline Rule 23, notice is hereby given to the Clerk of Court, that the below attorney requires an Attorney Surrogate, request for which was granted by the listed court in the listed county:

Attorney (who requires Surrogate): \_\_\_\_\_

Attorney's IN Bar Number: \_\_\_\_\_

Attorney's Principal Place of Business (complete address): \_\_\_\_\_

Appointing Court: \_\_\_\_\_

Appointing Court's County: \_\_\_\_\_

JUSTIFICATION IS AS FOLLOWS (Admis. Disc. R. 23, § 27(c)(1)):

Death (provide date of death): \_\_\_\_\_

Disappearance (describe dates of disappearance and relevant circumstances): \_\_\_\_\_

\_\_\_\_\_

Disability (indicate reason for incapacitation or serious illness): \_\_\_\_\_

\_\_\_\_\_

Suspension of license to practice law or Disbarment (indicate reason for disciplinary action and if eligible for reinstatement): \_\_\_\_\_

\_\_\_\_\_

In the following cases before the Court *(list cause numbers and identify the parties by name)*:

<u>Cause Number</u>	<u>Name of Party(ies)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney Surrogate's Signature  
Attorney Surrogate's Name *(Printed)*:

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Surrogate's IN Bar No.: \_\_\_\_\_

**SUBMIT**