**FILED BEFORE**

**THE OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS**

Administrative Cause No.: Enter OALP Case Number  
Underlying/State Agency Action No.: Enter Original Action/Order Number

Enter Name of Party**,**    
 Party Type,   
   
**v.**

Enter Name of Party**,**   
 Party Type.

**MOTION FOR CONTINUANCE**

**Filing Party:** Enter name of Party filing motion

The filing party, by an attorney or personally, respectfully requests that enter type of prehearing or hearing be vacated and rescheduled for enter the number of days you want the type of prehearing or hearing pushed back days from the date this motion was filed. In support of this request, the filing party states as follows:

1. One of the following shows that the requested continuance be granted:
   1. I have a conflict that cannot be moved: Describe the conflict in detail
   2. I am ill and unable to participate in the scheduled event or meet the scheduled deadline.
   3. Other: Describe any other reasons you are asking for the date change
2. I represent as follows:
   1. I contacted the opposing Party or Parties Attorney or Person on date you made contact.
   2. I did not contact the opposing Party or Parties.
   3. The opposing Party or Parties does or does not object to this request.

The filing party affirms, under the penalties for perjury, that the foregoing representations are true. Accordingly, the filing party moves for the continuance of Name of Event until at least Suggest a new date.

Respectfully submitted,

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

Filing Person’s Name

Phone Number

Mailing Address

Attorney Number (or blank)

Email

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing motion was served by How was this served? on this When was it served?.

**Opposing Party:**

**Enter Opposing Party’s Name**

Type

**Enter Address**

**Enter Email Address**

Select Method of Service

Office of Administrative Law Proceedings:

Attn: Hon. Enter ALJ’s Name

Office of Administrative Law Proceedings

Enter Address

Indianapolis, IN 46204

Enter Email Address

Select Method of Service

**Additional Recipients (as needed)**

**Enter Name**

**Enter Address**

**Enter Email Address**

Select Method of Service

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

Served by: Name