**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 TO INTERVENE**

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

 Pursuant to Indiana Code § 4-21.5-3-21, the filing party, by an attorney or personally, respectfully requests that the filing party be permitted to intervene in the above captioned matter for one or more of the following reasons:

1. [ ]  I have an unconditional right to intervene in the proceeding pursuant to Identify the Relevant Law, as supported by the following facts: Describe in detail any supporting facts.
2. [ ]  I have a conditional right to intervene in the proceedings pursuant to Identify the Relevant Law, as supported by the following facts: Describe in detail any supporting facts.
3. [ ]  I will be aggrieved or otherwise adversely affected by an order in this matter, as supported by the following facts: Describe in detail any supporting facts.

In compliance Indiana Code § 4-21.5-3-21, evidence in this matter’s hearing has not yet been closed, and allowing the filing party to intervene will not unduly delay or prejudice the adjudication of the legal interests of any of the parties to this matter. Accordingly, the filing party moves to intervene in this matter.

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