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|  | **PETITION FOR ADMINISTRATIVE REVIEW BY THE**  **OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS**  State Form 56961 (5-20)  OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS | | | |
| **This form is available to be submitted electronically at** [**www.IN.gov/OALP**](http://www.IN.gov/OALP)**.**  *INSTRUCTIONS: Complete this form to request review of an agency action that was either directed to you or someone you represent. If you do not submit this form electronically, you must fill out the below fields and deliver or mail the form to: Office of Administrative Law Proceedings, 402 West Washington Street, Room W161, Indianapolis, IN 46204. You will receive a response at your preferred method of communication selected below.* | | | | |
| *Select which best describes you:*  Individual or business entity  Attorney or non-attorney representative of an aggrieved party  State of Indiana agency | | | | |
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| **SECTION 1 – CONTACT INFORMATION FOR PETITIONER** | | | | |
| *If you are an attorney representing the aggrieved person or entity, input the aggrieved person's or entity information here and then your own information in Section 2.* | | | | |
| First name of petitioner *(individual)* | | | Last name of petitioner *(individual)* | |
| Date of birth *(month, day, year) (Optional) Date of birth is only requested to help identify you as the petitioner in our database.* | | | | |
| Entity or business name *(if applicable)* | | | | |
| Telephone number *(Example: XXX-XXX-XXXX)* | | Extension | E-mail address | |
| Petitioning individual or entity’s mailing address *(number and street, PO box, or rural route)* | | | | |
| City | | | State | ZIP code |
| Select your preferred way to receive communication about your petition for review:  E-mail  US Postal mail | | | | |
| Do you need an interpreter?  Yes  No | | If yes, what language do you speak / write? | | |
| Do you need a reasonable accommodation in order to fully participate in an administrative proceeding?  Yes  No | | | | |
| If yes, *explain*. | | | | |
| Are you represented by an attorney or other representative?  Yes  No | | | *If yes, complete Section 2.* | |
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| **SECTION 2 – CONTACT INFORMATION FOR ATTORNEY OR REPRESENTATIVE** | | | | |
| *Note: you are not required to have an attorney or representative to submit this request.* | | | | |
| First name of your attorney or representative | | | Last name of your attorney or representative | |
| Indiana attorney number *(If applicable)* | | Name of firm *(If applicable)* | | |
| Telephone number *(Example: XXX-XXX-XXXX)* | | Extension | E-mail address | |
| Mailing address *(number and street, PO box, or rural route)* | | | | |
| City | | | State | ZIP code |

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| **SECTION 3 – DETAILS ABOUT WHY YOU ARE FILING THIS PETITION FOR REVIEW OF THE AGENCY ACTION** | | | | | |
| Is there a cause or order number or other identifier (if any) listed on the agency action?  Yes  No | | | If yes, enter the identifier. | | |
| When did you receive the agency action? *(month, day, year)* | Does the agency action identify an effective date for the action? If so, what date is listed? *(month, day, year)* | | | | |
| Enter the name of the agency or authority that issued the agency action. | | | | | ***Include a copy of the agency action.*** |
| What is the county in which the agency's action takes place? | | | | | |
| Is the agency action specifically directed to the petitioning individual or entity?  Yes  No | | | | | |
| If yes, *explain*. | | | | | |
| Has the individual or entity been aggrieved or adversely affected by the agency action? | | | | | |
| If yes, *explain*. | | | | | |
| Is the petitioning individual or entity entitled to review of the agency action under any law? | | | | | |
| If yes, *explain what law entitles review of the agency action*. | | | | | |
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| **SECTION 4 – OUTCOME DESIRED BY FILING THIS PETITION FOR REVIEW** | | | | | |
| What outcome are you seeking from filing this petition for review? | | | | | |
| Are you requesting a stay of effectiveness of the agency action?  Yes  No | | *If yes, attach copies of documents supporting your request for stay of effectiveness.* | | | |
| *If you have additional documents you would like to submit, you will be allowed to present these at a later date during the proceeding.* | | | | | |
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| **AFFIRMATION / CERTIFICATION** | | | | | |
| I certify, under penalty of perjury, that the information that I have provided is true, complete, and correct to the best of my knowledge and belief. The date and time on which you submit this petition will be saved and may be used to assess timeliness of your request. | | | | | |
| Signature | | | | Date signed *(month, day, year)* | |
| Printed name | | | | | |