**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.

**Request for Reasonable Accommodation**

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

 The filing party, by an attorney or personally, respectfully requests that the presiding Administrative Law Judge for the Office of Administrative Law Proceedings make a reasonable accommodation in a policy, practice, or rule to allow the filing party to fully participate in the administrative proceeding. In support of this request, the filing party states as follows:

1. Person who needs the reasonable accommodation has a disability that affects the ability to simple description of disability’s effect; filing party is not required to provide medical details, a diagnosis, or the name of the disability.
2. Person who needs the reasonable accommodation needs the following reasonable accommodation to fully participate in the administrative proceeding: identify the specific reasonable accommodation needed in detail.
3. If the requested accommodation is not provided, Person who needs the reasonable accommodation ability to participate in the administrative proceeding will be limited in the following way: explain why the identified reasonable accommodation is necessary.

Accordingly, the filing party requests that this motion be granted.

 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