**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 STAY OF EFFECTIVENESS OF AN AGENCY ACTION**

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

The filing party, by an attorney or personally, to respectfully request that the Administrative Law Judge (ALJ) grant a stay of effectiveness of the agency action until this matter is fully disposed of pursuant to IC 4-21.5-3. The burden of proof for a stay of effectiveness rests on the requesting party, and therefore in support ofthis request, the filing party states as follows:

1. The agency is seeking to: explain what the agency is seeking to do (for instance, “Suspend my license.” .
2. Facts supporting this request for stay: explain why you are requesting a stay of effectiveness. Include any relevant standards that would support your position..
3. Law supporting this request for stay: cite to or list any laws supporting your request for stay of effectiveness..

Therefore, the filing party requests the ALJ grant this request or set this matter for a

preliminary hearing at which the ALJ will determine whether the order should or should not be stayed.

 Should the ALJ decide to set this for a preliminary hearing, the filing party proposes the preliminary hearing be set for one of the following dates:

1. Select date ;
2. Select date ; or
3. Select 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