**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 Party Name**,**
Select Party Type,

**v.**

Enter Party Name**,**
Select Party Type.

**WITHDRAWAL OF REPRESENTATION**

The undersigned, Select type of representative for Select Party Typehereby submits this withdrawal of appearance as counsel for the Select Party Type**,** Enter Party Name, in the above captioned matter. The undersigned notified the party of this withdrawal on date of notification. Notice was sent via method of service to provide mailing address or email address to which notice was sent. The undersigned affirms that is the last known address of Select Party Typeand, to the best of the undersigned’s knowledge, the Office of Administrative Law Proceedings may complete service at this address.

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 Withdrawal of Appearance was served by How was this served? on this When was it served?.

Party Represented by Filing Person:

Enter Party’s Name

Type

Enter Address

Enter Email Address

Select Method of Service

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