



5. Although the specific allegations in the consumer complaint could not be substantiated, the OAG discovered apparent violations of the statutes regulating the profession in the course of its investigation, and, accordingly, a copy of the consumer complaint is being submitted to the Commission herewith as Exhibit A.

6. The OAG having tendered a meritorious complaint, the Commission has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-11-2.

8. As such, the Commission has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-11-12.

#### **Respondent’s Misconduct**

9. The OAG made numerous attempts to contact Respondent, by email and telephone, requesting emails she referred to in her previous communications to no avail.

10. On or about May 11, 2021, Respondent contacted the OAG by email and informed the OAG she had emails from the Buyer stating Respondent had no involvement in the incident and offered to provide the emails to the OAG. Respondent failed to provide the OAG the emails in her response and upon request in furtherance of its investigation of the consumer complaint.

11. On or about May 12, 2021, the OAG replied to Respondent’s email and requested Respondent send information that would help Respondent’s case. The OAG received no response.

12. On or about August 4, 2021, the OAG called and left a voicemail with Respondent requesting information regarding the consumer complaint. The OAG received no response.

13. On or about February 8, 2022, the OAG emailed Respondent requesting the Buyer's emails Respondent referenced in the May 11, 2021 email. The OAG received no response.

14. On or about March 30, 2022, the OAG emailed Respondent to reiterate its request for the emails Respondent previously referenced in the May 11, 2021 email. The OAG received no response.

15. On or about April 20, 2022, the OAG called and spoke to Respondent to verify Respondent's correct email address and to reiterate the request by the OAG for the emails Respondent referenced in the May 11, 2021 email. The OAG also emailed Respondent after the call. The OAG received no response.

16. On or about May 11, 2022, the OAG emailed Respondent to reiterate its request for the Buyer's emails Respondent referenced in the May 11, 2021 email. The OAG received no response.

17. On or about June 22, 2022, the OAG called Respondent to reiterate its request for the Buyer's emails Respondent referenced in the May 11, 2021 email but could not leave a voicemail. The OAG received no response.

18. Respondent is the subject of an OAG investigation and has failed to respond to inquiries and requests from the OAG in furtherance of its investigation.

### CHARGES

19. Paragraphs one (1) through eighteen (18) are incorporated by reference.

**Count 1**  
**Violation of Rule Regulating Real Estate Brokers**  
**(Failure to Cooperate with Investigation)**

20. Respondent's conduct constitutes a violation of Ind. Code § 25-1-11-5(a)(3) in that she has knowingly violated a state rule regulating the profession of real estate brokers as evidenced by her failure to cooperate with an investigation by the OAG into possible violations of licensing law. More specifically, Respondent violated 876 IAC 8-1-14 in that a broker who is the subject of an investigation by the OAG into possible violations of Ind. Code article 25-34.1, Ind. Code chapter 25-1-11 is to cooperate with the investigation by failing to provide the email communications requested by OAG in furtherance of the investigation.

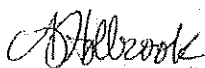
**REQUESTED RELIEF**

**ACCORDINGLY**, Petitioner requests that the Commission to issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-11-12;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-11-18;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Commission deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA  
Indiana Attorney General  
Attorney No. 18857-49

By:   
A. J. Holbrook  
Deputy Attorney General  
Attorney No. 37308-49


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Indianapolis, IN 46204  
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**CERTIFICATE OF SERVICE**

I hereby certify that on the 9th day of February, 2023, a true and correct copy of this

Administrative Complaint was served upon the below-listed party or parties:

Maria Ruiz  
347 Fox Trail Court  
Hobart, Indiana 46342  
[maria.ruiz@listingleadersnw.com](mailto:maria.ruiz@listingleadersnw.com)  
**By U.S. Mail and E-mail**

By:   
A. J. Holbrook  
Deputy Attorney General  
Attorney No. 37308-49



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

Exhibit A

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11623988

Section 1: Your Information			
Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address ██████████	
Full Name/Organization/Agency ██████████		City ██████	State ██
If an Organization/Agency provide a Primary Contact Name		County ██	Daytime Phone ██████████
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Email Address ██████████	
May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are you or your spouse active military?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Section 2: Who is the Complaint Against?			
Individual/Business LISTING LEADERS		Name of Individual/Representative you dealt with Maria Ruiz	
Street Address 8338 KENNEDY AVENUE		City HIGHLAND	State IN
County	Daytime Phone (219) 961-5478	Zip Code 46322	
County		Email Address	
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident 3/30/21		3-B: If a Transaction, what was the Transaction for? <input checked="" type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable)			
<input checked="" type="checkbox"/> My home		<input type="checkbox"/> By Internet/email	
<input type="checkbox"/> At the location of the business		<input type="checkbox"/> By telephone	
<input type="checkbox"/> Away from the location of the business		<input type="checkbox"/> By Social Media	
<input type="checkbox"/> By mail		<input type="checkbox"/> Other	
3-D: What was the very first contact between you and the Individual/Business?			
<input type="checkbox"/> I telephoned the individual/business		<input type="checkbox"/> I received information in the mail	
<input type="checkbox"/> I responded to a TV/radio ad		<input type="checkbox"/> I went to the location of the business	
<input type="checkbox"/> A person came to my home		<input type="checkbox"/> I received a phone call from the business	
<input checked="" type="checkbox"/> I received information by email		<input type="checkbox"/> I responded to an offer on the Internet	
<input type="checkbox"/> I responded to a printed advertisement		<input type="checkbox"/> Other, describe below	
3-E: How did you Pay?			
<input type="checkbox"/> Cash		<input type="checkbox"/> Credit Card/Pre-pay	
<input type="checkbox"/> Check		<input type="checkbox"/> Installment Loan	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare	
<input type="checkbox"/> Pay-Pal		<input type="checkbox"/> Private Insurance	
<input type="checkbox"/> Wire Transfer		<input checked="" type="checkbox"/> Other: <u>Fee to be paid at closing</u>	
3-F: What, if any, is the Dollar amount associated with your loss?		\$25 per day	

**Section 4 Actions Taken by Consumer**

- Yes  No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- Yes  No 4-B: Have you hired a private attorney?
- Yes  No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- Yes  No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 4 Actions Taken by Consumer - continued**

- Yes  No 4-E: Have you complained to the Individual/Business? Today  
NO
- Yes  No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5 Transaction/Incident Details – attach additional pages if necessary**

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. Do Not include your Social Security Number.

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

THE BUYER OF OUR HOUSE STORED A TRUCK IN OUR GARAGE BEFORE THE SALE WAS CLOSED. THE SELLING BROKER SAYS THAT SHE HAD PERMISSION.  
WE DID NOT GIVE PERMISSION. THIS INDICATES TO ME THAT THE BUYER WAS GIVEN ACCESS TO THE KEY BOX ON THE HOUSE WHICH IS IMPROPER.

**Section 6 How would you like your Complaint resolved?**

REFER THIS TO THE INDIANA REAL ESTATE COMMISSION FOR DISCIPLINARY ACTION

**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**

Office of Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
www.IndianaConsumer.com

**Section 9 Consent and Verification**

- Do you consent to disclosing the following information to the public? →
- Yes  No The nature of the complaint and the individual/business name
  - Yes  No Your name
  - Yes  No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
March 30, 2021  
Date