



# PETITION FOR ADMINISTRATIVE REVIEW

## NATURAL RESOURCES COMMISSION

*\*This form is offered as a convenience. Please refer to our Administrative Guide at: <https://www.in.gov/nrc/administrative-review/> for additional information.*

**INSTRUCTIONS:** Complete and file this form or file correspondence including all the information specified in this form to request administrative review. You may file electronically, at [NRCAOPA@nrc.in.gov](mailto:NRCAOPA@nrc.in.gov); deliver by hand or mail to: Natural Resources Commission, Division of Hearings, 100 N. Senate Avenue, Room N103, Indianapolis, IN 46204. You may attach documents with this form. You will receive a response at your preferred method of communication selected below.

Select which best describes the person completing this form:

- Individual Petitioner
  Petitioner's Attorney or non-attorney representative
  Department of Natural Resources

### SECTION 1 – CONTACT INFORMATION FOR PETITIONER

Provide the name and contact information for the person requesting administrative review. This person will be referred to as a Petitioner. *If there are multiple Petitioners, please provide the following information for each Petitioner on a separate sheet of paper.*

First name of Petitioner <i>(if the Petitioner is an individual)</i>		Last name of Petitioner <i>(if the Petitioner is an individual)</i>	
Agency, entity or business name <i>(If applicable)</i>			
<i>Please Note: An agency, entity, or business must be represented by an attorney or designate a non-attorney representative.</i>			
Telephone number		E-mail address	
Mailing address <i>(number and street, PO box, or rural route)</i>			
City		State	ZIP code
Select your preferred way to receive communication about your petition for review:		<input type="checkbox"/> E-mail	<input type="checkbox"/> US Postal mail
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what language do you speak / write?			
Do you need a reasonable accommodation to fully participate in an administrative proceeding?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain.</i>			
Are you represented by an attorney or other non-attorney representative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, complete Section 1A.</i>			
<i>An attorney or designated representative must comply with 312 IAC 3-1-3.5. See <a href="https://www.in.gov/nrc/administrative-review/">https://www.in.gov/nrc/administrative-review/</a> for additional information.</i>			

### SECTION 1A –CONTACT INFORMATION FOR PETITIONER'S ATTORNEY OR NON-ATTORNEY REPRESENTATIVE

First name of Petitioner's attorney or non-attorney representative		Last name of Petitioner's attorney or non-attorney representative	
Indiana attorney number <i>(If applicable)</i>		Name of firm <i>(If applicable)</i>	
Telephone number		E-mail address	
Mailing address <i>(number and street, PO box, or rural route)</i>			
City		State	ZIP code

**SECTION 2 – CONTACT INFORMATION FOR RESPONDENT**

Provide the name and contact information for the person with whom you have a dispute. This person will be referred to as a Respondent. *If there are multiple Respondents, please provide the following information for each Respondent on a separate sheet of paper.*

First name of Respondent *(if the Respondent is an individual)*

Last name of Respondent *(if the Respondent is an individual)*

Agency, entity or business name *(if applicable)*

Telephone number *(if known)*

E-mail address *(if known)*

Mailing address *(number and street, PO box, or rural route)*

City

State

ZIP code

**DETAILS ABOUT YOUR PETITION FOR ADMINISTRATIVE REVIEW – COMPLETE EITHER SECTION 3 OR SECTION 4, AS APPLICABLE****SECTION 3 – ADMINISTRATIVE REVIEW NOT INVOLVING AN AGENCY ACTION**

Provide a detailed description of your dispute:

When did the dispute arise? *(month, day, year)*

What law entitles you to initiate an administrative review proceeding to address the dispute?

Specify the subject matter of your Petition:  Timber Buyer Dispute  Other *(please specify)*

**SECTION 4 - ADMINISTRATIVE REVIEW INVOLVING AN AGENCY ORDER**

Did the agency provide an order number or other identifier?  Yes  No *If yes, enter the identifier. (Attach a copy of the order in Section 6)*

When did you receive the agency order? *(month, day, year)*

Does the agency order identify an effective date? If so, what date is listed? *(month, day, year)*

What is the name of the agency?

Agency Mailing Address *(if not listed in Section 2):*

City

State

ZIP code

Agency telephone number *(if known)*

Agency E-mail address *(if known)*

Is the agency order specifically directed to you?  Yes  No

*If yes, explain.*

Are you aggrieved or adversely affected by the agency order?  Yes  No

*If yes, explain.*

Are you entitled to review of the agency order under any law?  Yes  No

*If yes, explain what law entitles review of the agency order.*

**SECTION 5 – RELIEF SOUGHT**

What relief are you seeking?

If your Petition relates to an agency order, are you requesting a stay of effectiveness of the agency order?  Yes  No

*If yes, explain.*

**SECTION 6 – SUPPORTING DOCUMENTATION**

If you have documents you need to submit with your Petition, please upload them here. Uploaded documents must not exceed more than 15 MB. Additional documents may be presented later during the proceeding.

Insert 3 document insert blocks...like Dept of Homeland Security has.

**PETITIONER AFFIRMATION / CERTIFICATION (Complete for each Petitioner)**

I certify, under penalty of perjury, that the information I have provided is true, complete, and correct to the best of my knowledge and belief.

Petitioner Signature

Date signed (*month, day, year*)

Printed name