

**STATE OF INDIANA
OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS**

Click or tap here to enter text.,

Petitioner,

v.

Click or tap here to enter text.,

Respondent(s).

Administrative Case Number: Click or tap here to enter text.

APPEARANCE BY ATTORNEY IN A SPECIAL EDUCATION DUE PROCESS HEARING MATTER

Party Classification: Choose an item.

1. The undersigned attorney on this form now appears in this case for the following party:

Click or tap here to enter text.

2. The Administrative Cause Number (select one):

☐ *Has been assigned by OALP and is listed in the header.*

☐ *Has not yet been assigned by OALP.*

3. Indiana Attorney Number: Click or tap here to enter text.

4. Attorney contact information for receiving legal service of document and case information as required by Court Rules 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows:

☐ *The attorney specified in this appearance and additional law firm contacts listed below consent to service via the ICHAMP portal.*

Address: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Additional attorney firm contacts for IChamp service:

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Name: Click or tap here to enter text.
Email: Click or tap here to enter text.

Name: Click or tap here to enter text.
Email: Click or tap here to enter text.

Respectfully submitted,

Name
Attorney Number

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing Appearance was served via service method indicated below 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

100 N. Senate Ave. N-802

Indianapolis, IN 46204

oalp@oalp.in.gov

Select Method of Service

Additional Recipients (as needed)

Enter Name

Enter Address

Enter Email Address

Select Method of Service

Signature: _____

Served by: Name