**FILED BEFORE**

**THE OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS**

Administrative Cause No.: Enter OALP Case Number  
Originating State Agency Action No.: Enter Original Action/Order Number

**APPEARANCE BY ATTORNEY IN AN ADMINISTRATIVE 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.

1. The Administrative Cause Number (select one):

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

*Has not yet been assigned by OALP.*

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

*The attorney specified in this appearance acknowledges that notices and orders pertaining to general government matters will be sent to them at the e-notification email listed in their Indiana Roll of Attorney information regardless of any email addresses listed below. Any notices and orders for social service division matters (those actions originating from FSSA) will be delivered via U.S. Postal Mail.*

1. 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:

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.

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 (select one):

*Served OALP’s General Government Division*  *Served OALP’s Social Services Division*

General Government Division

100 N. Senate Ave. N-802

Indianapolis, IN 46204

[oalp@oalp.in.gov](mailto:oalp@oalp.in.gov)

Select Method of Service

Social Services Division

402 W. Washington E-034

Indianapolis, IN 46204

[Fssa.appeals@oalp.in.gov](mailto:Fssa.appeals@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