**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

Click here to enter text.**,**    
 Party Type,   
   
**v.**

Click here to enter text.**,**   
Party Type.

**Motion for Default**

**Filing Party:** Enter name of Party filing motion

Comes now the filing party, by an attorney or personally, to respectfully request that the Administrative Law Judge issue a proposed default order pursuant to the Indiana Administrative Orders and Procedures Act. Pursuant to [Indiana Code § 4-21.5-3-24](http://iga.in.gov/legislative/laws/2020/ic/titles/004/#4-21.5-3-24), the issuance of a proposed default order is appropriate if a party fails to:

(1) satisfy the requirements of [section 7(a)](http://iga.in.gov/legislative/laws/2020/ic/titles/004/#4-21.5-3-7) of this chapter;

(2) file a responsive pleading required by statute or rule;

(3) attend or participate in a prehearing conference, hearing, or other stage of the proceeding; or

(4) take action on a matter for a period of sixty (60) days, if the party is responsible for taking the action.

In this matter, default is appropriate because the Party Type Select applicable standard for default. Specifically, Party Type. Provide an example with details as to how the Party did not do what was required. Provide specific dates as needed.. Accordingly, the issuance of a proposed default order is warranted. Additionally, the undersigned also asks that the Administrative Law Judge take any action appropriate under Indiana Code § 4-21.5-3-24 with respect to resolving this matter if a proposed default order is issued.

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 motion was served by How was this served? on this When was it served?.

**Opposing Party:**

**Enter Opposing Party’s Name**

Type

**Enter Address**

**Enter Email Address**

Select Method of Service

**Administrative Law Judge:**

**Hon. Enter ALJ’s Name**

**Office of Administrative Law Proceedings**

**402 W. Washington Street, W161**

**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