

**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.

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**APPEARANCE BY NON-ATTORNEY REPRESENTATIVE IN A SPECIAL EDUCATION DUE PROCESS  
HEARING MATTER**

Party Classification: Choose an item.

1. The undersigned representative 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. Non-attorney representative 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 non-attorney representative specified in this appearance and additional company 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 non-attorney representative company 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.

4. The represented party and designated non-attorney representative affirm and acknowledge the following:
- a. The designated non-attorney representative is authorized to act in all respects on behalf of the represented party.
  - b. The represented party will be bound by the acts and omissions of the designated non-attorney representative.
  - c. The Office of Administrative Law Proceedings (OALP) and all other parties will communicate exclusively with the designated non-attorney representative.

### **Represented Party**

\_\_\_\_\_  
Represented Party Signature\*

\_\_\_\_\_  
Date\*

### **Designated Non-Attorney Representative**

I, \_\_\_\_\_, swear or affirm under the penalties of perjury that I am  
Printed name of non-attorney representative

Authorized to act on behalf of the represented party identified herein.

\_\_\_\_\_  
Designated Non-Attorney Represented Signature\*

\_\_\_\_\_  
Date\*

## 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](mailto: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