**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

 Enter Name of Party**,**
 Party Type,

**v.**

 Enter Name of Party**,**
 Party Type.

**NOTICE OF PREFERRED SERVICE METHOD**

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

Select Yes or No.: the filing party’s attorney of record agrees to accept service by electronic mail, affirmatively waiving any objections to service by electronic mail, at the following electronic mail address: Email Address(es) of all of the filing party’s attorneys. The email provided is/is not the email address on file with the State of Indiana through the roll of attorneys.

Select Yes or No: the filing party agrees to accept service by electronic mail, affirmatively waiving any objections to service by electronic mail, at the following electronic mail address: Email Address for filing party.

Select Yes, No, or Not Applicable: Select whether there is an Aggrieved Party as defined by the Indiana Fair Housing Act. This section is only applicable to housing cases brought under the Indiana Fair Housing Act. : Aggrieved Party’s email address (if applicable).

Select Yes or No: the filing party requests that all filings, exclusive of dispositive orders, from the Commission and any ALJ assigned to this matter be placed in the care of the filing party’s attorney of record. The filing party affirmatively waives any objections to such service.

The above waivers only apply to this matter. The filing party requests that the Administrative Law Judge serve the filing party as detailed above.

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

Office of Administrative Law Proceedings:

Attn: Hon. Enter ALJ’s Name

Office of Administrative Law Proceedings

Enter Address

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