**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 Party Name**,**
Select Party Type,

**v.**

Enter Party Name**,**
Select Party Type.

**WITNESS AND EXHIBIT LIST**

**Filing party:** Select Filing Party Type

The filing party hereby submits a witness and exhibit list for the evidentiary hearing in the above-captioned matter scheduled for Hearing Date.

1. **Witnesses**

The following witnesses shall appear on behalf of the filing party:

1. Witness Name/Title, Phone Number/Email, Purpose for testimony (EXAMPLE ONLY, please remove: Chelsea Smith, Expert Witness, 317-727-4039 / Chelsea@gmail.com, will provide testimony regarding the records and information in exhibits 1-4)
2.
3. **Exhibits**

The parties in this matter have stipulated to the following exhibits:

1. Exhibit label, description (Stipulated Exhibit A, denial letter)
2.

The filing party intends to introduce the following exhibits:

1. Exhibit label, description, purpose (i.e. Petitioner’s Exhibit A, MFRF application, the application shows that Petitioner applied for MFRF assistance to pay for utilities and rent)
2.

The marked exhibits listed above are attached for reference.

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