



# PETITION FOR ADMINISTRATIVE REVIEW BY THE OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS

State Form 56961 (5-20)  
OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS

This form is available to be submitted electronically at [www.IN.gov/OALP](http://www.IN.gov/OALP).

**INSTRUCTIONS:** Complete this form to request review of an agency action that was either directed to you or someone you represent. If you do not submit this form electronically, you must fill out the below fields and deliver or mail the form to: Office of Administrative Law Proceedings, 402 West Washington Street, Room W161, Indianapolis, IN 46204. You will receive a response at your preferred method of communication selected below.

Select which best describes you:

- Individual or business entity       Attorney or non-attorney representative of an aggrieved party       State of Indiana agency

## SECTION 1 – CONTACT INFORMATION FOR PETITIONER

If you are an attorney representing the aggrieved person or entity, input the aggrieved person's or entity information here and then your own information in Section 2.

First name of petitioner (individual)

Last name of petitioner (individual)

Date of birth (month, day, year) (Optional) Date of birth is only requested to help identify you as the petitioner in our database.

Entity or business name (if applicable)

Telephone number (Example: XXX-XXX-XXXX)

Extension

E-mail address

Petitioning individual or entity's mailing address (number and street, PO box, or rural route)

City

State

ZIP code

Select your preferred way to receive communication about your petition for review:

- E-mail       US Postal mail

Do you need an interpreter?

- Yes       No

If yes, what language do you speak / write?

Do you need a reasonable accommodation in order to fully participate in an administrative proceeding?

- Yes       No

If yes, explain.

Are you represented by an attorney or other representative?

- Yes       No

If yes, complete Section 2.

## SECTION 2 – CONTACT INFORMATION FOR ATTORNEY OR REPRESENTATIVE

Note: you are not required to have an attorney or representative to submit this request.

First name of your attorney or representative

Last name of your attorney or representative

Indiana attorney number (If applicable)

Name of firm (If applicable)

Telephone number (Example: XXX-XXX-XXXX)

Extension

E-mail address

Mailing address (number and street, PO box, or rural route)

City

State

ZIP code

**SECTION 3 – DETAILS ABOUT WHY YOU ARE FILING THIS PETITION FOR REVIEW OF THE AGENCY ACTION**

Is there a cause or order number or other identifier (if any) listed on the agency action? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, enter the identifier.
When did you receive the agency action? <i>(month, day, year)</i>	Does the agency action identify an effective date for the action? If so, what date is listed? <i>(month, day, year)</i>	
Enter the name of the agency or authority that issued the agency action.		<b><i>Include a copy of the agency action.</i></b>
What is the county in which the agency's action takes place?		
Is the agency action specifically directed to the petitioning individual or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, <i>explain</i> .		
Has the individual or entity been aggrieved or adversely affected by the agency action?		
If yes, <i>explain</i> .		
Is the petitioning individual or entity entitled to review of the agency action under any law?		
If yes, <i>explain what law entitles review of the agency action</i> .		

**SECTION 4 – OUTCOME DESIRED BY FILING THIS PETITION FOR REVIEW**

What outcome are you seeking from filing this petition for review?	
Are you requesting a stay of effectiveness of the agency action? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach copies of documents supporting your request for stay of effectiveness.</i>
<i>If you have additional documents you would like to submit, you will be allowed to present these at a later date during the proceeding.</i>	

**AFFIRMATION / CERTIFICATION**

I certify, under penalty of perjury, that the information that I have provided is true, complete, and correct to the best of my knowledge and belief. The date and time on which you submit this petition will be saved and may be used to assess timeliness of your request.	
Signature	Date signed <i>(month, day, year)</i>
Printed name	