



REQUEST FOR ASSISTANCE WITH RULES PROMULGATION

State Form 52702 (R2 / 3-24)

INDIANA DEPARTMENT OF HEALTH - OFFICE OF LEGAL AFFAIRS

TO:	Director, Office of Legal Affairs Indiana Department of Health 317-233-7540	Date Submitted: <i>(month/day/year)</i>	
FROM:	Contact Person & Position	Contact Person Phone Number	Floor and/or Building Number
THRU:	Division Director Signature: _____	Superintendent <i>(required for Special Institutions)</i> Signature: _____	
	Assistant Commissioner Signature: _____		
Please indicate the type of rule(s) and relevant statutes/administrative code citations (<i>attach additional sheets as necessary</i>):			
Will the proposed rules replace existing rules? If so, please list the current rules to be replaced.			
Please note that pursuant to IDOH policy, the Office of Legal Affairs will edit, re-format, and submit all documents as required to outside agencies. If the program requires assistance in other areas of rulemaking, please check the appropriate area(s) below: <input type="checkbox"/> Statutory interpretation of legislation that includes rulemaking authority <input type="checkbox"/> Rulemaking training session requested <input type="checkbox"/> Assistance with rule drafting <input type="checkbox"/> Legal advice on proposed rule <input type="checkbox"/> Other <i>(please explain)</i> :			
Please check below if the program is not requesting assistance outside the scope of final document submission to outside agencies. <input type="checkbox"/> Program area does not wish to receive any additional assistance with rules promulgation outside of those duties that the Office of Legal Affairs is responsible for pursuant to IDOH policy.			
Please attach a draft of the proposed rules if available.			
This section for use by the Office of Legal Affairs			
Assigned to:			
Date Distributed <i>(month/day/year)</i>:			
Signature:			