### Interagency Dispute Resolution Process
#### INQUIRY NOTIFICATION

**INITIATOR:** (Agency initiating IDRP inquiry.)
- **Agency:** __________________________
- **Address:** __________________________
- **Agency Number:** __________
- **Our Contact Person for this Inquiry:** ___________________
- **Phone:** ______________________
- **Fax:** ______________________
- **TDD:** ______________________
- **Email:** ______________________

**Check one:** □ Biller □ Debtor

**RESPONDENT:** (Agency with whom dispute involves.)
- **Agency:** __________________________
- **Address:** __________________________
- **Agency Number:** __________
- **Agency Contact Person:** ___________________
- **Phone:** ______________________
- **Fax:** ______________________
- **TDD:** ______________________
- **Email:** ______________________

**Treasury Account No.:** __________

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**ADDITIONAL PARTIES:** If there are additional parties to this dispute, please include them on a separate page.

**ISSUE EXPLAINED:**
- **Invoice Number(s):** ________________
- **Invoice Date(s):** ________________
- **Amount in dispute:** ________________
- **Has amount been paid:** YES / NO
- **Contract/Matter Number:** ______________________
- **Dates Involved:** _________________
- **Client Number:** ______________________________
- **Hours/Items Involved:** ____________

**REASON FOR DISPUTE:** (Identify issues or objections BY EACH INVOICE LINE ITEM.)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please fill out this form consistent with **OAM 35.70.30**, attach a copy of the invoice(s) that pertain to the issue(s) you are disputing. File a copy of this form with DAS SCD and provide a copy to the agency(s) involved in the dispute. A check or BT for $250 must accompany this notification form.

**SCD Tracking Information:**
- **Date Received:** _____________
- **Date Completed:** _____________
- **IRDP Inquiry Date:** _____________
- **Completed by:** _____________
- **Results:** ________________________________________________________________

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**Signature of Authorizing Agency Official**