

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

1525 Sherman Street, Denver, Colorado 80203

Appellant,

VS.

Appellee.

▲ COURT USE ONLY ▲

CASE NUMBER:

**REPRESENTATIVE AUTHORIZATION**

I authorize \_\_\_\_\_, to represent me in an administrative appeal of the denial, loss, or reduction of my financial assistance benefits. The responsible state and local agencies, and the Office of Administrative Courts, are authorized to communicate and share information with my authorized representative as necessary to process this appeal.

\_\_\_\_\_  
(Signature)

Appellant

\_\_\_\_\_  
Date

I accept this appointment as authorized representative. My contact information is:

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Authorized Representative

\*\* A public assistance applicant or recipient is entitled to be represented at an appeal hearing by an authorized representative, such as an attorney, relative, friend, or other spokesperson. See 9 CCR 2503-6, § 3.609.9.D.1.a (Colorado Works); 9 CCR 2506-8, § 3.850.15.B (OAP, AND, HCA, LEAP, and other financial assistance programs); and 10 CCR 2506-1, §§ 4.4410.131.A and 4.4410.33 (Food Assistance).