

State of Colorado Office of Administrative Courts 1525 Sherman Street, Denver, Colorado 80203 Email: oac-gs@state.co.us		▲ COURT USE ONLY ▲ Case Number
Appellant, v. Appellee (County Department).		
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.		
<div style="display: flex; justify-content: space-between;"> <div>Signature for Appellant</div> <div>Date</div> </div> <p>I accept this appointment as authorized representative. My contact information is:</p> <p>First Name _____ Last Name: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <div style="text-align: right; margin-top: 20px;"> _____ Signature for Authorized Representative </div> <p>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)</p>		