



Colorado

Department of Personnel & Administration

Office of Administrative Courts

633 17th Street, Suite 1300 | Denver, CO 80202 | www.colorado.gov/dpa/oac

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: _____ Middle Initial _____ 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).