



New Mexico
Independent
Consumer
Support System

Requesting a Fair Hearing with the Human Services Department

Authorized Representative Letter

I _____ hereby designate _____
(Print Name of Authorizing Person) (Print Name)

(the "Designee") to represent and act on behalf of _____ during the
(Print Name of Claimant)

fair hearing process. I authorize the Designee to receive the Summary of Evidence and any other relevant information that is necessary for the Designee to adequately represent the Claimant during the fair hearing process.

(Signature of Authorizing Person)

(Date)

** If available, provide a *Permission for Release of Information* (PRI).