MODEL MOTION TO PARTICIPATE IN A HEARINGS DIVISION HEARING WITHOUT AN ATTORNEY PURUSANT TO § 13-1-127(2), C.R.S.

STATE OF COLORADO

DEPARTMENT OF REVENUE

HEARINGS DIVISION

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Motion by [name of entity] to participate in this hearing without an attorney pursuant to** **§** **13-1-127(2), C.R.S.**

IN THE MATTER OF:

[Include the complete list of parties from the [order to show cause, etc.]

Respondents.

MED Complaint No. 202\_\_\_\_\_\_\_\_\_\_

[Name of person proposing to represent the entity] (“Proposed Representative”), on behalf of respondent [name of entity] (“Respondent”) requests pursuant to section 13-1-127(2), C.R.S. that this court permit Respondent to participate in this matter without counsel and instead represented by the undersigned Proposed Representative. In support of this request, the Proposed Representative states under penalty of perjury as follows.

1. Respondent is a [describe type of entity] and is owned by the following persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The Proposed Representative is [describe the title and role with the Respondent].
3. The Respondent has authorized the Proposed Representative to represent it in this matter. Attached as Exhibit A is a [resolution or other document signed by the owners or chief executive officer of the Respondent] authorizing the Proposed Representative to represent the Respondent in this matter.
4. [Provide evidence demonstrating that the amount at issue in this matter does not exceed fifteen thousand dollars, exclusive of costs, interest, or statutory penalties. Evidence should include, if relevant, the value of any licenses that are subject to revocation and the amount, if any, of the loss of income to Respondent in the event that the Hearings Division grants the relief requested by the Department of Revenue.]

Date: \_\_\_\_\_\_\_\_\_\_\_

[Name of Respondent]

[Name of Proposed Representative]

[Address]

[Phone number]

[Email address]

Signature of Proposed Representative

**\*Please submit typed motion by email to** **dor\_regulatoryhearings@state.co.us** **and all parties in the case (please see and fill out the Certificate of Service below).**

**CERTIFICATE OF SERVICE**

I hereby certify that a true and accurate copy of the foregoing MOTIONwas served via electronic mail on \_\_\_\_\_\_\_\_\_\_, addressed as follows:

|  |  |
| --- | --- |
| Assistant Attorney General \_\_\_\_\_\_\_Colorado Department of Law 1300 Broadway, 8th Floor Denver, CO 80203Email: \_\_\_\_\_\_\_\_\_@coag.gov | Hearing Officer \_\_\_\_\_\_\_Department of RevenueHearings DivisionPO Box 17087Denver, CO 80217-0087 dor\_regulatoryhearings@state.co.us |
|  |   |
|  |  |

By: /s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Printed name]