

8. YOU DO NOT HAVE TO HAVE A REPRESENTATIVE IN ORDER TO PURSUE YOUR APPEAL. **IF A REPRESENTATIVE IS DESIGNATED, THEN HE OR SHE MUST SIGN THIS FORM CONSENTING TO REPRESENT YOU.** My authorized representative for the purpose of this appeal is:

Representative's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

9. Representative's Signature: _____ (Date)_____

10. **Appellant's Signature:** _____ (Date)_____.

* If you are pursuing an appeal from a claim filed by a claimant who is now deceased, you must provide an estate authorization issued by a probate court of local jurisdiction.

If you have any questions concerning this form, call the Employees' Compensation Appeals Board at (202) 693-6360 or send a facsimile (fax) to the Board at (202) 693-6367.