

WITHDRAWAL

CONDITIONAL WITHDRAWALS

OF REQUEST FOR HEARING

Case Name: _____

County Case No: _____

State Hearing No: _____

Filing Date: _____

County: _____

Hearing Date: _____

Hearing Time: _____

I, _____, the undersigned do hereby:

Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.

Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within **90 DAYS** of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.

NOTE: A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.

The reasons for or conditions of this withdrawal are: _____

Signed

Signed

(County Representative) (Date)

(Claimant) (Date)

(County Address)

(Address)

(City) (Zip Code)

(City) (Zip Code)

(Telephone Number)

(Telephone Number)

NOTE: A Conditional Withdrawal must also be signed by a County Representative or it is invalid.