



## Withdrawal from an Appeal

### Appellant Information

Per R21-1-312 an appellant may withdraw an appeal at any time prior to the scheduled hearing by signing a written statement expressing the intent to withdraw.

|  |   |
|--|---|
| <i>Appellant Name (First, MI, Last)</i>                    | <i>ID No. (i.e. AC No., QCID, License No., Member ID, etc.)</i> |
| <i>Current Address (No. Street, City, State, Zip Code)</i> |   |
| <i>Phone Number (include area code)</i>                    | <i>Email Address</i>  |

### Appeal on behalf of:

|   |                      |                             |                                  |
|---|----------------------|-----------------------------|----------------------------------|
| Foster Home                             | Group Home/Shelter   | Adoption Agency license     | Non recurring expenses (subsidy) |
| DCS CHP                                 | Child Placing Agency | Adoption subsidy            | Permanent guardianship subsidy   |
| Transitional Independent Living Program |                      | Independent Living Services |                                  |

### Hearing Schedule Information

**By signing this form I express my wish to withdraw my appeal prior to my scheduled hearing on:**

|                     |                  |             |                        |
|---------------------|------------------|-------------|------------------------|
| <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> | <i>Date of Hearing</i> |
|---------------------|------------------|-------------|------------------------|

**Please return this form to: (DCS Please complete this section prior to sending to Appellant)**

| E Mail | U.S. Mail | Physical Office |
|--------|-----------|-----------------|
|        |           |                 |

### Agency Contact Information

|                                    |                             |
|------------------------------------|-----------------------------|
| <i>Agency Name</i>                 | <i>Agency Contact Name</i>  |
| <i>Agency Contact Phone Number</i> | <i>Agency Contact Email</i> |

### For DCS Office Use Only

#### Request Received by:

|                              |                     |                  |         |
|------------------------------|---------------------|------------------|---------|
| Mail                         | Email               | In Person        | Courier |
| <i>Date Request Received</i> | <i>Printed Name</i> | <i>Signature</i> |         |
| <i>Date Sent to AG</i>       | <i>Printed Name</i> | <i>Signature</i> |         |

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