(Telephone Number)

	☐ WITHDRAW	VAL	COND	ITIONAL WITHDR	AWALS	
OF DECLIFOR HEADING						
		REQUEST FOR HEARING				
	Case Name:		County C	Case No:		
	State Hearing No:		Filir	ng Date:		
	County:		Hearii	ng Date:		
			Hearir	ng Time:		
,			, the undersigned do	hereby:		
	Vithdraw 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 or hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new rearing 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 <b>90 DAYS</b> 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)	

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

(Telephone Number)