



# Request to Withdraw Appeal

Appellant (Your Name): \_\_\_\_\_

Local Office Stamp

Address: \_\_\_\_\_

PROGRAM(S) UNDER APPEAL

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- TANF     SNAP
- AABD     GA     Medical
- Child Care

I withdraw both my appeal and my request for a fair hearing.

(1) This appeal was because:

(2) I have now decided to withdraw my appeal because:

I understand that by withdrawing my appeal, I will not be able to have a fair hearing on this appeal. Furthermore, except for any promises written down in Section (2) above, of this form, I will not be able to appeal this same issue again.

**DO NOT SIGN THIS FORM UNLESS  
IT IS FILLED OUT COMPLETELY  
AND YOU UNDERSTAND IT**

Local Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** If you need help in completing this request, your representative, if you have one, or your caseworker will assist you. Upon completion you can file your withdrawal with your local office or with Assistance Hearings at 401 S. Clinton Street, 6th Floor, Chicago, Illinois 60607.

FOR AGENCY USE - COMPLETION BY LOCAL OFFICE

Case Name: \_\_\_\_\_ Appeal Number: \_\_\_\_\_

Date Request Was Received: \_\_\_\_\_ Case Number: \_\_\_\_\_