

# HEARING REQUEST WITHDRAWAL

Michigan Department of Human Services

If you do not understand this, call a DHS office in your area.  
DHS employees are prohibited by law from providing legal advice.  
Si Ud. no entiende esto, llame a su oficina local del Department of Human Services.  
La ley prohíbe a los empleados de DHS proporcionar asesoría legal.  
إذا واجهت صعوبة في فهم هذا الطلب، فأتصل بمكتب DHS الموجود في منطقتك.  
يحرم القانون على موظفي DHS إعطاء النصيحة القانونية.

Case Name:  
Case Number:  
Date:  
DHS Office:  
Specialist:  
Phone:  
Fax:  
Specialist ID:

**ENTER ADDRESSEE NAME**  
**ENTER ADDRESSEE CARE OF**  
**ENTER ADDRESSEE PO BOX OR STREET**  
**ENTER ADDRESSEE CITY/STATE/ZIP**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**INSTRUCTIONS:** Complete all items below. Send completed form in envelope provided or, take it to your local DHS Office.

ATTENTION: Hearing Coordinator

AH Register #	Programs in Dispute	Date Completed DHS-18A received in Local Office
Hearing Request Date	Hearing Scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Date and Time (if scheduled)

**I DO NOT WANT A HEARING. Please cancel my request for a hearing for the following reason:**

(Check the appropriate box below)

I now understand that the action taken by DHS was correct.

DHS has changed its action in my case. I am now satisfied. The change is: \_\_\_\_\_

Other. (You must explain) \_\_\_\_\_

Signature	Telephone Number (    )	Date Signed
Street Address or Route Number	City, State, and Zip Code	

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**AUTHORITY:** MCLA 400.9

**COMPLETION:** Voluntary

A. H. Approval     Yes     No    Date: