



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OLYMPIA, WASHINGTON 98504-0095

Administrative Hearing Withdrawal

Date: _____

Client ID Number: _____

Name: _____

Docket Number: _____

Mailing Address: _____
STREET CITY ZIP CODE

I hereby request that my Administrative Hearing scheduled at _____ on _____, _____.

at _____ be withdrawn because:
COMMUNITY SERVICES OFFICE (CSO)

If you have any questions, please call _____, your Administrative Hearing Coordinator, at _____.

Please sign and return this withdrawal request in the enclosed postage paid envelope as soon as possible.

CLIENT'S SIGNATURE

TELEPHONE NUMBER