



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

Mwepu Ọnụnụ Nchikwa
Administrative Hearing Withdrawal

Ụbọchị: _____

Ọmaba NJ Onye Chọrọ Enyemaka: _____

Aha: _____

Ọmaba Ndebanye: _____

Adreesị Nziozi: _____
 OKPORO OBODO KOOZU ZIP

Ana m ariọ ka atọọ Ọnụnụ Nchikwa m na _____ na _____, _____
 OGE ỌNWA NA ỤBỌCHỊ AFỌ

yana ka ewepu _____ n'ihị:
 COMMUNITY SERVICES OFFICE (CSO)

Ọ bụrụ na ị nwere ajujọ ọ bụla, biko kpọọ _____, Onye Njikwa Ọnụnụ Nchikwa gi, na _____.

Biko binye aka ma weghachite arijiọ mwepu a n'ime envelopu akwuru ụgwọ ya ozugbo enwere ike.

 MBINYE AKA NKE ONYE CHỌRỌ ENYEMAKA

 AKARA EKWENTỊ