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

**Administrative Hearing Withdrawal**

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**Signature:**

| Date: | __________________________ |

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*Note:* The document contains a statement in Tigrigna language and a case record related to administrative hearings.

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**Office of Administrative Hearings; ወርሒን መገበኣያ ይዘትዎ ይሆና ምስማእ ወረደ ያለባቸው ከመስማእ ከምስማእ ቋንቋ መስማእ ዋንቋ ይብታ ከምስማእ ምምሕዳር፣ ኣብ ይይጆቸው።

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DSHS 02-528 TI (REV. 07/2009) Tigrigna

Office of Administrative Hearings; የሆነ ጠቅላላ ምስማእ ዋንቋ ከወረዳ ይውርጊስ ይሽን ውል ያለበት ይቋላል።