

Withdrawal of Request for State Hearing Form DPA 315 (7/99)

The Withdrawal of Request for State Hearing can be found on Department of Social Services website at [DPA 315 \(7/99\) - Withdrawal/Conditional Withdrawals Of Request For Hearing \(ca.gov\)](http://www.cdss.ca.gov/dpa315(7/99)-Withdrawal/ConditionalWithdrawalsOfRequestForHearing(ca.gov))

<https://www.cdss.ca.gov/cdssweb/entres/forms/english/dpa315.pdf>

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

WITHDRAWAL CONDITIONAL WITHDRAWALS

OF REQUEST FOR HEARING

Case Name:

State Hearing No:

County:

County Case No:

Filing Date:

Hearing Date:

Hearing Time:

I, , the undersigned do hereby:

Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.

Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within **90 DAYS** of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.

NOTE: A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.

The reasons for or conditions of this withdrawal are:

Signed

(County Representative) (Date)

(County Address)

(City) (Zip Code)

(Telephone Number)

Signed

(Claimant) (Date)

(Address)

(City) (Zip Code)

(Telephone Number)

NOTE: A Conditional Withdrawal must also be signed by a County Representative or it is invalid.

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